Author:
Clarke, James Richard

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Discourse and practice : the constitution and deployment of contemporary learning disability care

DISCOURSE AND PRACTICE: THE CONSTITUTION AND DEPLOYMENT OF CONTEMPORARY LEARNING DISABILITY CARE

James Richard Clarke

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ABSTRACT

This thesis engages with the relationship between discourse and practice within the context of contemporary learning disability care. Three key points are made. *Firstly*, by reading contemporary learning disability policy through Foucault's work on biopower I argue that a discursive rationality that works by acting upon and altering the actions of people with a learning disability is being produced. I critically analyse three mentalities (choice, inclusion and self-knowledge), that are key to this rationale, and show that they discursively operate by fixing normative assumptions about learning disability. This is because these mentalities are shown to deploy idealised assumptions about how normal individuals live producing a normative basis for learning disability care. By exposing the contingent nature of these discourses I challenge the danger that they become solidified or naturalised. *Secondly*, by drawing from interview testimony with practitioners I argue that the discursive constitution of these mentalities is enacted differently in different practices and exceeds the discursive rationality and normative assumptions that policy produces. By using the work of Mol I show that foregrounding practices exposes the situational differences that constitute how each of the mentalities emerges in practice. Applying the work of Deleuze I show that not subsuming performative difference into pre-determined narratives allows the potential for novelty to emerge. *Thirdly*, I apply the narrative of discourse and practice, staged in the context of contemporary learning disability support, to wider debates and show that this application can help destabilize prescriptions that govern not only those with a learning disability but also each and every one of us. I argue that there is always a performative tension between discourse and practice because discursive deployments simultaneously structure practical enactments but are always resisted and exceeded in these enactments. Crucially I show that this tension needs to be embraced and not ignored.

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AUTHOR'S DECLARATION

I declare that the work in this dissertation was carried out in accordance with the requirements of the University's Regulations and Code of Practice for Research Degree Programmes and that it has not been submitted for any other academic award. Except where indicated by specific reference in the text, the work is the candidate's own work. Work done in collaboration with, or with the assistance of, others, is indicated as such. Any views expressed in the dissertation are those of the author.

SIGNED: James R. Clarke ..... DATE: 06/07/12 ...

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CHAPTER 1: INTRODUCTION

1) Discourse and practice

The relationship between the discursive and practical realms is complex and a key focus in contemporary social science research. Following the work of Foucault, scholars (in a broader social science context see, for example, Butler (1993, 1997) or for a geographical context Philo (2001, 2004) and Driver (1985)) have argued that the playing out of discursive formations constitutes subjects. Alongside this, research on performance and bodily practices (Grosz, 1994; Phelan, 1993; Phelan and Lane, 1997) has shown that the material and agential aspects of practices are crucial components in how subjects are constituted. However, critiques of Foucault's work (for example, Ebert, 1992, 1996; Hartsock, 1989) have separated the discursive and the practical realms, identifying a key difference between the discursive production of subjects and an agential practice-based understanding of subject formation. These critiques envisage the role that discourse plays in Foucault's mid-period work as based on an understanding of discursive formations as productive only of docile bodies. In this early uptake of Foucault in the social sciences, his arguments are portrayed as purely social constructionist. In other words, the concern of these critiques is that the body is figured as merely a social inscription and that agential resistance and the potential for difference is neglected (Hartsock, 1989).

This thesis does not accept these critiques or this separation. Rather, this thesis understands the relationship between discourse (understood here as historically situated common bodies of thought that structure social spaces) and practice as a tension-ridden and contingent enactment. There are no totally pre-discursive subjects or individuals, in that these classifications and ways of apprehending people are construed through historically situated modalities of thought. However, this thesis also proposes that discourses are not monolithic occurrences in that, as Foucault (1998) argues, there is always resistance to discursive formations that is inherent in the application of these discourses. The criticisms of Foucault's work, I would argue, falsely set up his ideas of power, discourse and subject creation as a totalising theory that ignores the lived reality of life and actually create, themselves, an artificial division between discourse and practice. This thesis concentrates instead on reading

Foucault through the relationship between discourse and practice: the emphasis being upon the way in which discourses alter our actions and possible comportments but in doing so actually need to be performed and materialised in practice. Discourses, here, constitute how practices operate (including the subjects in those practices) but, as Annemarie Mol (2007) shows, they have to be materially brought about and it is in these continual practical enactments that resistances occur, that differences appear and that something new can be forged. The understanding is that things differ across practices and that discourses (while constitutive of subjects) are not completely fixed or pre-determined, but actually gain their veracity through being done, and because this is so, can be done differently. As such the conceptual interest for this thesis is the recognition of how discourses constitute subjects but *also* how discourses variously play out in and become enacted in practice.

This conceptual field forms the key analytical component of this research on contemporary English learning disability care[1]. The purpose of this thesis is to interrogate the move towards individualism within contemporary learning disability care provision through an analysis of the relationship between the discursive and practical elements of care. As such, the thesis performs an incision at the pivot between policy and practice through a specific conceptual position at the intersection of three key thinkers – Michel Foucault, Annemarie Mol and Gilles Deleuze. In order to draw out the tension between these theorists I show how each provides something crucial and different to this investigation at precisely the space between discourse and practice within contemporary learning disability care[2].

I use Foucault's work to conceptualise exactly what the discursive formations inherent within contemporary learning disability care are doing and how these discourses work through and upon the freedom and actions of individuals. I turn to Mol to show that practices consist of different material performances that, due to their practical specificity, bring about something differently. Thus, Mol enables us to think about the specific, locally situated, material practices through which key elements to contemporary learning disability care are enacted and to realise the different constitutions of these practices. I bring in influences from Deleuze's philosophical

[1] I specify English because this thesis specifically deals with the English policy and unless otherwise specified only refers to this policy context. However, in chapter 2 I briefly detail some of the key differences and similarities between the English policy and the corresponding policies in Wales and Scotland and draw out a number of geographical implications.

[2] In chapter 4 I stage a more in depth discussion with each of the three theorists.

argument, that no one system or pre-determined identity (be that the individual, truth or language) is adequate to capture or organise the continual and open complexity of life. This helps to push provocatively beyond the current framings of learning disability in order to value and create the potential for different framings and modes of being to emerge.

Broadly speaking this conceptual narrative understands Foucault and Deleuze on two polarities with Mol in between. Using Hallward's (2000) nomenclature I understand Foucault as a more strident theorist in that he openly critiques *specific, localised* determinations of the individual whereas I understand Deleuze as more open and attuned to creativity in that he attests to the *singularity* (aspecific and without limits) of the individual. Mol stands between these polarities because her work pushes specific, localised individuation towards a more radical performative specificity. However, I show in the conclusion to chapter 4 that the delocalised, open-ended nature of Deleuze's singularity is used as a more fundamental intervention into care policy initiatives precisely because Deleuze's work embraces the diverse fluidity of events. In particular I show that this enables me to grasp the individualised focus of contemporary learning disability practices which are not limited to discrete places. Nevertheless, it is the combination of these three theorists that is the crux of this investigation, its novelty and its appositeness. This is because this combination allows this thesis to show how discourses constitute subjects through practices by critically evaluating the contingent basis for these discourses, to ultimately show how the very playing out of these practices, while not escaping their discursive production entirely, enact these discourses differently. These practices so understood contain the potential for a novel 'becoming' (to use the language of Deleuze), where something new, without an end outside of itself, emerges for analytical consideration and as an academic intervention in policy making. In terms of the empirical context of English contemporary learning disability care, this particular lens allows us to critically recognise the discourses that learning disability policy deploys and thus expose the varying practical enactments of these discourses in multiple learning disability support situations.

This is important for those carers and advocates involved in learning disability support because it highlights the many ways in which they are discursively governed (by being constituted as practitioners who 'enable' and 'facilitate' individual choices).

Further, they in turn govern the people with a learning disability that they support (by actively making these individuals undertake strategies designed to elicit choices). The implementation of these modes of governing enacts a performative tension where practical complexities and difficulties can resist this governing, within situationally defined limitations, constituting what choices can be made for both advocates and people with learning disabilities[3]. As such I show the implications of the work that practitioners are doing and assert that their work emerges from this performative tension between discourse and practice, in that they implement discursive structures but also constitute the resistance and exceeding of this structuring through practical enactments. It is crucial to their work, and conceptually for my argument too, that this tension is recognised, because otherwise the lived realities of supporting people with learning disabilities, and all the difficulties and complexities involved, gets ignored.

This combination of theoretical influences differentiates this thesis from social research that focuses on *either* the discursive modes that govern our lives *or* the constitution of subjects in material practices. This distinction shows that we are being governed and ordered through various discursive formations and *at the same time* are performing different enactments of these discourses and producing the potential to escape them. Therefore, this multi-theoretical lens enmeshes the governing (Foucault), the practical differences (Mol) and the creativities of life (Deleuze), and refuses an artificial distinction between discourse and practice. Empirically this is important because we can pessimistically recognise that there are discursive constitutions that frame how people with learning disabilities live their lives, but also optimistically expose the potential to destabilize these constitutions and bring about different understandings of learning disability.

2) The Discursive Context: Reading the 'Individual'

In this section I will set out the discursive context of English learning disability care to show how the thesis will subsequently demonstrate its performative tension in practice. Central to this thesis is the new and distinctive shift in English learning disability care towards a rationale of the independent individual. In 2001 the publication of the White Paper Valuing People (*VP*) (DoH, 2001) proclaimed a new

[3] This example draws from chapter 4 and is discussed in more depth in that chapter.

direction for the provision of learning disability support by placing the individual at the centre of their own care and support (i.e. people with a learning disability should be treated principally as individuals). This involves an expectation that each individual is to be more active in meeting their own support needs. This policy, therefore, focuses discursively upon the figure of the 'individual'. The centrality of the individual in contemporary society has been critiqued, recently, by political economists (Jessop, 1994, 2002), who propose that there is a dominant neo-liberal discourse operating in Western society signified by a focus on individualism, privatisation, the extension of market forces into nation-states and the re-scaling of governance. Their argument is that the individual, in the logic of neo-liberalism, is idealised as independent, atomistic and entrepreneurial (Barnes, 1988; Barnes and Sheppard, 1992). Their critique holds that focusing analysis through the atomistic individual ignores the structural and societal constraints that limit some individuals and groups, thereby pathologising their situation as their own problem.

Reading these critiques alongside contemporary learning disability policy we can indeed witness an understanding of individuals predominantly in terms of their independence (i.e. their autonomy from other individuals) and their independent capacities. For example, the four values that underpin VP (choice, independence, inclusion and rights) are asserted through idealising independently made choices (DoH, 2001 pg 44), prioritising inclusion in mainstream society by virtue of the independence of individuals (ibid pg 19), and installing protection from the infringements of others (ibid pg 23). Furthermore, considering a wider discourse of neo-liberalism, we can see similarities in how the 'individual' is understood in both learning disability policy and other recent English policy documents across health, education, and employment. For example, in wider health and social care policy there is a concerted focus on individual choices where such choices are to be made independently and under the control of the individual. This involves "every person across the spectrum of need, having choice and control over the shape of his or her support" (DoH, 2008a, p. 2). In terms of education policy there is increasing focus on schools providing individualised learning as well as recognition of the individualised desires of parents in making independent choices concerning schools (DCSF, 2009). Indeed, the drive to produce more local and individual choice in education has continued through the Coalition government's project of encouraging 'free schools'.

Employment policy targeted at those receiving care specifies the individualised component of their support and a focus on enabling more individual control for people in order to facilitate their move to employment (DWP, 2009). Again Coalition policy has extended this through the re-assessment of disability benefit in order to encourage individuals into employment.

Both learning disability and English policy more generally are therefore extending a discourse that understands and deploys the individual predominantly as an independent acting body. These policies target groups of individuals who have not previously had full independence or had the ability to act freely due to societal, structural and institutional constraints. Theories of identity politics (Young 1990, 1997, 2000) critically conceptualise this discourse, not as a liberating or empowering movement, but rather as the continuation of a liberal politics that configures society along various dominant norms that explicitly and implicitly disadvantage various groups. These theories contest what they see as a dominant and homogenous understanding of the 'individual' in that they expose the tendency in liberal political theory to presume a neutral, universal individual unmarked by difference whereas, of course, more often this neutrality speaks to the norm of white, male, middle-class, able-bodied and heterosexual beings (see for example: Davis, 1997; Laden, 2001; Mills, 1997). This dismissal of different identities for a homogenous assumption of what an individual entails is the basis for the oppression of these groups. Instead, theories of identity politics call for a recognition of the diverse marginalised identities and the diverse sense of self that form what an 'individual' entails (Young, 1990).

However, the most recent learning disability policy document 'Valuing People Now' (VPN) (2009) replaces the language of individualism with that of personalisation. This language mirrors changes in wider English social care policy which, following the social care paper 'Putting People First' (DoH, 2007b), produces a 'personalisation agenda' across both support provision for people with learning disabilities and the provision of general social care. Personalisation places the individual's personal situation, alongside their needs and wants, as the primary focus of support provision. Therefore, the personalisation agenda operates slightly differently to previous policy conceptualisation of the 'individual' because it stresses, first and foremost, the specific personal background of the individual. In terms of learning disability policy this involves the targeting of those individuals with more

severe learning disabilities, with complex needs and from ethnic minorities. VPN, following a consultation period that reviewed VP (DoH, 2007a), highlights that VP has not been fully successful in extending the opportunities that non-learning disabled people have to *all* individuals with a learning disability, and hence argues for an increased focus on those who have been least affected by the changes brought about through VP. For example, we see an increased focus on providing accessible support to ethnic minorities with a learning disability and the targeting of strategies on those with severe learning disability and complex needs (DoH, 2009).

Indeed, because personalisation focuses directly on the specific personal situations of individuals, it exacerbates the independent individualism of previous policy, and this conceptual shift when considered in terms of the work of Foucault can be apprehended as a continuation of a rationality that governs subjects through an idealistic understanding of the liberated, independent and autonomous individual. For Foucault the 'individual' in and of itself does not exist prior to its historical and situational emergence (Foucault, 1991). Instead, the liberal 'individual' figures as a historically emergent device through which people are governed and functions as a domain through which the actions of people are coerced and altered by virtue of the conceptualisation of these people as independent individuals. This produces a logic whereby "individuals are constituted in being known as individuals" (Gruber, 1989 pg 617). Individuality functions, therefore, in Foucault's arguments as a rationale that governs the actions of people by constituting these people as independent liberated individuals while actually propagating particular valued behaviours and norms that style what actions can be undertaken. Therefore, the exacerbation of independent individualism undertaken by the personalisation agenda can be read as a manoeuvre that aims to rescind the social constraints on all individuals through focusing on their personal needs but, in doing so, actually governs and alters what actions can be taken by these individuals. Here it is through the very constitution of people as individuals that these individuals "end up being encouraged, frightened or shamed into a self-direction and self-control of their own activities" (Philo, 2001 pg 485).

What is apparent, therefore, is that there is a coherent discursive regime at play in contemporary learning disability care that operates through a rationality of individualism within which the 'individual' is understood in terms of its independent

capacities. Furthermore, this operates in relation to a wider British policy context and is exacerbated through the recent shift towards the personalisation agenda.

Turning towards post-structuralist theory, in particular work concerned with the body and performance, provides critique of the conceptualisation of the 'individual' and assists in proliferating alternative ways of conceiving individual subject positions. Herein, the key assumption of the personalisation agenda to be critiqued in this thesis, as understood through identity politics literature, is the notion of a coherent pre-formed subject that precedes the societal constructs that are laid on top of it (Butler, 1993, 1999). In other words, for all of these accounts, the 'individual' still exists as something pre-discursive, as something that exists in and of itself before any derivations or constraints. Instead post-structuralist theory proposes that the 'individual' has no real identity or constitution prior to the ways that it is performed across many different situated enactments. A fixed understanding of what an 'individual' entails can become discursively performed and prescribed through various rationales and techniques but crucially, in this argument, because the 'individual' is always being performed this prescription has the potential to be done in other ways. Butler explains this in reference to gender:

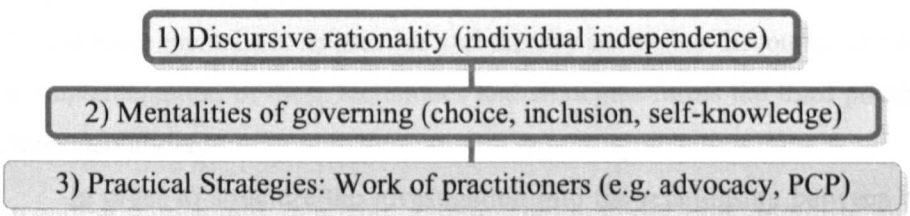
> "As a sedimented effect of a reiterative or ritual practice, sex acquires its naturalized effect, and, yet, it is also by virtue of this reiteration that gaps and fissures are opened up as the constitutive instabilities in such construction, as that which escapes or exceeds the norm, as that which cannot be wholly defined or fixed by the repetitive labor or that norm" (Butler, 1993 pg 10).

The crucial point this literature makes is that the subject is discursively constituted through a specific understanding of the 'individual' which needs to be continually performed to be achieved. As Game elucidates, while discursive systems constitute subjects, these systems are entirely material themselves in that they play out through the body, in practices: "systems only have an existence in a material form, as they are lived" (1991 pg 46). This speaks to the empirical context of this thesis, the relationship and space between discourse and practice, and to its main point of emphasis, the prioritising of the material and practical enactments of these discourses

as situationally performed, singularly realized, and productive of new subject positions.

3) Narrative of the Thesis

The conceptual crux of this thesis, therefore, is the relationship and manoeuvres between discourse and practice in contemporary English learning disability care. So far it has been shown that this empirical context can be critically read as constituting a discursive regime based upon an understanding of the 'individual' in terms of its independent capacities. In chapter 2 I detail the historical and geographical context in which this discourse of individual independence has emerged thereby situating the debates that the rest of this thesis discusses in detail. Following this contextualisation, the narrative uses the conceptual terrain of the work of Foucault, Mol and Deleuze to explore the discourse / practice relationship and undertakes this exploration through a specific structure. This structure is the relationship between three different levels: *a discursive level consisting of a rationality of individual independence, a meso-level consisting of specific mentalities of governing, and a practical level where practitioners put into operation policy*. This can be illustrated as follows:



The first level is the discursive rationality of individual independence that constitutes learning disabled subjects as, first and foremost, independent individuals with independent capacities. This rationality works by altering the actions of those with a learning disability through conceiving of people as free-acting individuals who should have control over their lives. This discursive rationality is put into operation and implemented through a number of conceptual devices.

These conceptual devices, defined here as mentalities[4], are the second (meso) level of this structure. These mentalities are understood as specific and more focused domains that operate within the broader discursive rationality. Mentality, therefore, is a bridging concept because, although a mentality is taken as a discursive output, it works in linking more concretely with other mentalities and specific practices and, as such, enables us to show that there is no such thing as a singular and essential discourse at play. These mentalities are constrained and deploy the more general discourse of individual independence but do so through targeted (in that they focus on specific material situations or occurrences) conceptualisations that operate in specific domains (similar to how Mol (2008) apprehends the deployment of choice in a hospital setting). These mentalities govern through implementing normative assumptions that style the provision of learning disability support, and work by being based on idealised assumptions about how 'normal' individuals live their lives. I therefore use the term mentalities as a way of thinking a whole host of individuations that we all draw from, and to place emphasis on how these individuations come to the fore in different practical situations and different modalities (for example choice, inclusion and self-knowledge[5]). I take the three mentalities of *choice, inclusion and self-knowledge* as the basis for the analytical component of this research.

These mentalities are being put into operation through numerous practical strategies and techniques. Thus we can understand practitioners as working to actualise these mentalities in practice and thereby put policy discourse into operation. The implementation of these techniques and strategies forms the third practical level as indicated above.

In order to structure the investigation into the relationship between discourse and practice within this context the analytical component of this thesis discusses the discursive components of each of the three mentalities and then ascertains how each mentality is being put into practice across a number of different practical situations. To do this a number of practices have been selected that apply to each mentality (as set out below in table 1) totalling 8 different practices.

[4] The linguistic similarity to 'mental' is intended (perhaps controversially) because it signals a notion of an historic and governmental mind-set in order not to over-emphasise the non-discursive in itself, and as something which is acontextual and immediate.

[5] The logic for this selection process and details of my methodological approach are explained in chapter 3.

Mentality	Practices Discussed
Choice	Citizen advocacy Crisis advocacy Group advocacy
Inclusion	Person centred planning facilitation Learning disability community groups Employment of people with learning disabilities
Self-Knowledge	Training practices Front line support

Table 1

In chapter 4 of the thesis I will start the analytical discussion by examining the discursive rationality of the independent individual that is central to contemporary learning disability policy by reading this policy through Foucault's work on governing. Following this, drawing from Mol, theories of practice are used to highlight why it is crucial to analyse the discourse of individual independence not just in terms of the way it governs subjects but also in terms of the different ways it plays out in practice. Furthermore, the philosophy of Deleuze is then discussed to show how recognition of the event of practice, in terms of his philosophy of immanence, can enable realisation of the potential for new modes of being to emerge. Crucially, throughout the narrative of chapter 4, the approach and understanding that this thesis takes towards three key concepts ('governing', 'practices' and 'the new/creativity') will be explained. What then follows is an utilisation of this conceptual terrain, in three empirical chapters (chapters 5, 6 and 7), to critically analyse the relationship between policy and practice. Here each chapter focuses on one of the three mentalities and analyses how the discursive production of each mentality, in policy, is multiply brought about through various situated practices. Here interview testimony, carried out with practitioners (see table 1)[6], is used to show the material differences that constitute the specific deployment of each mentality in each particular practice. Through this narrative the thesis makes three key points.

[6] In the appendix I provide more detail of each of the practitioners whose interview material I used in this thesis.

- ***Firstly,*** *exposing how contemporary learning disability care is actually deployed as a discursive regime based on enabling individual independence critically disrupts this discursive rationality becoming solidified and naturalised.* Reading contemporary learning disability policy in light of Foucault's work on biopower shows how this policy deploys a discursive rationality that works by acting upon and altering the actions of people with a learning disability through their independent individual freedom. This governing rationale deploys a number of mentalities that operate in specific contexts, specifically that of choice, inclusion and self-knowledge, and by analysing these, this thesis shows that these mentalities operate by fixing normative assumptions as the basis for providing learning disability support. This is because these mentalities are shown to deploy various idealised assumptions about how normal individuals live their lives. The danger here, it is argued, is that the normative basis to these mentalities is used to judge situations depending upon how well they meet these idealised requirements.
- ***Secondly,*** *by showing that the implementation of learning disability support plays out differently in different practices and thereby exceeds the definitions inherent in the discursive rationality that policy assumes, we can recognise and make space for the potential for new relationships to be formed.* The three mentalities are being implemented, across numerous practices, by practitioners acting upon the actions of those with a learning disability to enable these individuals to meet the targets that policy sets. However, through a discussion of theories of practice, in particular the work of Mol, I argue that foregrounding practices exposes the situational differences that constitute how each of the mentalities emerges in practice. Drawing from interview testimony with practitioners, it is shown that, because each of the three mentalities is being actualised in a multitude of different practices, how they work in practice is actually much more complex than a simple alignment with any normative prescriptions. Drawing from the work of Deleuze it is shown that exposing this material multiplicity, by not subsuming practical difference into a singular dominant narrative, or fixed location allows the potential for novelty to emerge. This is important because it enables us to keep open the opportunity for better situations to occur for people with a learning disability.

- ***Thirdly,*** *by embracing the relationship between discourse and practice the thesis makes a conceptual argument for recognising that the practical and the discursive are always co-constitutive and always in tension.* The experiential and conceptual arguments made concerning the relationship between discourse and practice within the context of contemporary learning disability support is considered in light of their wider applications. In the concluding chapter it is shown that the first two points raised above provide us with potential avenues to think critically about how we can destabilize and go beyond the prescriptions that govern not only those with a learning disability but also each and every one of us. However, by extending the empirical and conceptual arguments of this thesis, it is argued that research needs to not only engage in a narrative of social policy and discourse, or just expose everyday differences, but recognise the performative tensions inherent in the relationship between discourse and practice every step of the way. The argument is made that there will always be a performative tension because discursive deployments simultaneously structure practical enactments but are always resisted and exceeded in these enactments. Crucially this tension needs to be embraced and not ignored.

4) Literature Review

It has been established that this thesis is interested in the relationship between discourse and practice and intends to analyse how this relationship works within contemporary learning disability care using a multi-theoretical lens (drawing from Foucault, Mol and Deleuze). So far the purpose of this thesis has been situated within conceptual engagements with discourse and practice and a critical reading of the discursive regime, understanding individuals as independent, which constitutes contemporary learning disability care. This section goes on to outline both the wider conceptual background to this thesis and specific literatures that debate contemporary learning disability policy and the implementation of this policy. Doing so allows a recognition of how contemporary learning disability care is currently being debated and the academic understandings of this specific context, alongside a broader discussion that shows how related conceptual and empirical debates (over the

conceptualisation of the body, for example) inform an understanding of where this thesis is situated and to provide and set up the key ideas to apply to the context of this thesis. The literature review is structured thematically into five sections: policy; empowerment; health and the body; biopower, discipline and biopolitics; and practice. In each of these sections literature from geography and cognate social science disciplines is addressed.

a) Policy

In the last 10 years academic work has reviewed the contemporary learning disability policy which this thesis engages with. These reviews predominantly assess the success, or lack of success, of the implementation of the aims stipulated in VP and the extent to which this policy has met its own targets. For example, Walker (2002) shows the difficulties there have been in implementing VP because the policy calls for widespread change in service provision while many services do not have the structural ability to adhere to this change (in particular due to a lack of funds). Greig (2003) also shows that many services are reluctant to implement changes due to a lack of funds, as well as a lack of understanding over the aims of VP and the nature of the management impetus and reach it enacts. There is also criticism that the values that guide VP are difficult for services to practically uphold because they lack an explicit practical definition and guideline for implementation (Fyson and Simmons, 2003; Bigby, 2004). These works, therefore, all show that the uptake of the strategies and values inherent in VP is partial and varies across services and localities.

Alongside the reviews of VP another body of work focuses specifically on the strategy of *person-centred planning* (*PCP*) (a key strategy developed in VP that involves a plan being drawn up for each individual, that the individual controls, about what choices they want to make, their support needs and any hope and aspirations for the future). This research analyses the effectiveness of PCP in meeting the targets that policy envisages in terms of whether PCP helps people with a learning disabled extend their life choices and experiences and whether it has been implemented successfully. A large quantitative review by Robertson et al (2005, 2006, 2007) proposed that PCP is successful in meeting its target of extending the life experiences of people with a learning disability (analysed through a number of factors that

include: number of social contacts, family contact, community involvement and day activities). A report by the Joseph Rowntree Foundation[7] examines the current barriers to proper and full adherence to PCP. This report argued that there are a number of important necessitating points that need to be met for effective PCP to be put into operation:

> "These include: adherence to the underlying principles of person-centred planning; sufficient resources and appropriate funding; a trained, confident and well-equipped staff team who are managed in an inclusive and empowering style that institutes clear planning and direction for the future" (Dowling et al, 2006 pg viii).

Alongside this report both Mansell and Beadle-Brown (2004) and Emerson and Stancliffe (2004) are critical of the implementation of PCP because, they argue, its roll out has not effectively reached the most excluded people with learning disabilities and that there is a lack of funding and resources to cater for its continual extension. Furthermore, Holborn and Vietze (1999 pg 118) argue that PCP struggles in practice because the focus on the individual often contradicts the structure of support services: "for person-centred planning to survive in an agency, it needs support from the very system that it views as detrimental and seeks to change". What we see here is that the work done on PCP is aimed at examining its success at meeting its criteria of providing more independence and choice for people with a learning disability.

The style of analysis that is present in this literature on both VP and PCP, while undoubtedly important, predominantly takes the approach of judging this policy in terms of success or failure. In doing so these reports all begin from pre-determined ideas about how PCP, or the wider aims of VP, should be practised and therefore always relate any judgement to this fixed ideal. These literatures therefore re-affirm the values and aims of policy and neglect to critique the underlying assumptions that this policy propagates. Nevertheless, there are a few crucial literatures that have taken a more critical approach towards contemporary learning disability policy. Burton and Kagan (2006) critically unpick the underlying values inherent in VP and argue that

[7] The Joseph Rowntree Foundation is an independent charity that funds UK wide research into social issues (http://www.jrf.org.uk/about-us).

VP works through an uneasy alliance of a neoliberal model of society with a pragmatic, but romanticised, notion of learning disabilities and inclusion (they see this as similar to a general New Labour policy discourse of neoliberalism combined with pragmatism and aspects of welfarism). The danger with this, they argue, is that the actual actions and abilities of people with a learning disability become subsumed within an ideology that valorises an individualistic ethos. Hall (2005, 2006, 2010), on the other hand, undertakes a geographical critique of the narrative of inclusion within learning disability policy[8] by showing how there is a singular policy discourse of an inclusion/exclusion binary which actually plays out, in practice, in a more complex and situated manner.

b) Empowerment

Alongside the policy engagement the largest discussion of contemporary learning disability issues occurs through the subject of disability studies. The main guiding principle within disability studies is that of empowerment and this is theoretically underpinned by the social model. The social model (a term most notably publicised by Mike Oliver (1990, 1996)) is based on the principle that disabilities are created by social barriers and constraints rather than inherent within an individual. This contrasts with a medical model where the disability is focused solely upon the individual. The social model is premised on a split between impairment (a natural occurrence: for example, loss of a limb) and disability (the societal prejudices and structural inequalities) (Priestley, 2003)[9]. This split functions to expose and separate the disabling structures in society in order to remove them. The social model is a discourse of empowerment that currently is central not only to disability studies but also has large influence with charity organisations, think tanks, lobbying groups and even local government and contemporary policy (Campbell and Oliver, 1996).

Research on learning disabilities within disability studies is largely influenced by the social model, although there have been criticisms that the proponents of the social

[8] Hall's work is actually within a Scottish context and therefore he explicitly deals with the equivalent Scottish document (Scottish Executive, 2000). While this document is broadly constitutively similar to VP I detail a number of specific differences in chapter 2.

[9] This is not to assert that the social model is cohesive as crucial differences arising over both the status of individual impairment to the political messages of the social model. Nevertheless, there is still cohesion around the core emancipatory aim of scaling back the disabling structures in society (Shakespeare and Watson, 1997: Tregaskis, 2002).

model have been relatively neglectful of learning disabilities (Chappell et al, 2001; Walmsley, 1997). In learning disability research the social model feeds into critiques levelled at the influence of the theory of normalisation (a theory that influenced the movement towards community care provision for learning disabilities in Britain). Normalisation is the idea that to provide people with a learning disability the best potential support it is crucial to integrate these individuals into mainstream situations and life by enabling these individuals to explicitly change their behaviours to co-exist with cultural norms (Barton and Oliver, 1997). However, critiques were raised that normalisation ignores the specific characteristics of those with a learning disability (Bayley, 1991) and is uncritical of cultural norms by assuming that value can only be reached for devalued people, not on their own merits, but by reaching these norms (Brown and Smith, 1989; Baxter et al, 1990). Proponents of the social model criticised normalisation for continuing the legitimacy of the hierarchical authority of professionals over service users through these professionals controlling the ability of people with a learning disability to fit into valued comportments (Barton and Oliver, 1997; Oliver, 1994).

The aim of research based upon the social model is to empower individuals and meet emancipatory goals through actively re-addressing the exclusion and lack of opportunities that people with learning disabilities face in society and in academia. Emancipatory research is central to disability studies and requires those with a disability to control the research through research actively combating the societal disadvantages that those with a disability encounter. As Barnes (1992 pg 122) proposes:

> "Emancipatory research is about the systemic demystification of the structures and processes which create disability and the establishment of a workable 'dialogue' between the research community and disabled people in order to facilitate the latter's empowerment. To do this, researchers must learn how to put their knowledge and skills at the disposal of disabled people"

Emancipatory research, in the field of learning disabilities, requires an inclusive agenda with clear practical benefits for people with a learning disability. Here some research works explicitly to include people with learning disabilities within the

research process (March et al, 1997; Williams, 1999), with most research calling for more open and inclusive research in form or another (Gilbert, 2004; Walmsley, 2001). Some commentators have used self-advocacy as an ideal for how to include those with a learning disability and enable them to have greater control (Booth and Booth, 1994; Goodly, 1998, 2000). Bates and Davis (2004) argue that a focus on increasing the social capital of people with a learning disability can be beneficial in increasing their inclusion in society. The purpose of these types of research is to readdress the societal disadvantages that those with a learning disability face by enabling them to have more control over their lives and more control over the research and policy that affects their lives. This research begins with the specific aim of empowering people with a learning disability by liberating them from the societal disadvantages that they face.

Alongside this disability studies literature, there are number of works that critically consider contemporary discourses of empowerment and the rationales of individualism and liberty that underpin it. Research uses the work of Foucault to show how contemporary learning disability discourses actively create certain subjects: in particular an individualised, independent and empowered subject. For Drinkwater (2005) the changes brought around by VP (including the focus on supported living) represent a shift towards another mode of regulating the behaviour of people with a learning disability by requiring certain standardised actions to be followed. This involves the assumption that a "person with a disability *should* learn normal (valued) behaviours in order to acquire normal (valued) lifestyles. For valued behaviours can be learned. To have a learning disability is, then, to find it difficult to perform valued behaviours" (Drinkwater, 2005 pg 233). Gilbert et al (2005) show how citizenship, a key part of increasing the inclusion of people with learning disabilities, can be critically addressed as a method of governing the lives of those with a learning disability in community spaces by encouraging self-management. Whereas Gilbert (2003) shows how learning disability support involves power relations that draw in many different organisations and subjects (banks, employment agencies, hospitals etc) to govern the lives of people with a learning disability, McIntosh (2002) draws from Foucault to show how practices of classification, following the turn towards increased individual freedom and empowerment, still involve an ordering and designation of the learning disabled subject. These concerns all depart from an understanding of

techniques of liberation and empowerment as simply positive manoeuvres and instead show how these manoeuvres are actually methods that govern the lives of people with a learning disability. Crucially this highlights a need to be critical of idealising narratives of empowerment and liberation and expose the assumptions that underpin these narratives.

c) Health and the Body

Within the geographical field, research on health and the body has been expanding over recent years. The topics being debated in this research provide important ideas for thinking through how the actions of individuals are variously being governed and how the body itself and its materiality are central to this process. Health geography is a relatively recent subdiscipline of geography emerging through a reformulation of medical geography (Parr, 2002). As Cummins and Milligan (2000 pg 7) detail, there has been a "transformation of the subdiscipline from a traditional 'medicalized' geography concerned with healthcare systems, disease ecology and mortality, to one that now incorporates a much wider conception of health and well-being, physical and mental health, and impairment". Therefore, there is a diversification of subject spaces notably incorporating subjects associated with general health including consumption practices (Valentine, 1999), fitness regimes (McCormack, 1999) and mental health. This occurred alongside a general criticism of the conceptualisation, within medical geography, of space and place as merely containers of things (Litva and Eyles, 1995). Instead, space and place were shown to be active concepts, in that they both are actively constructed and productive, and both matter and warrant critical attention in themselves. Health geography, therefore, was a distinct reformulation in geographic work on health resulting in a move away from the prestige that medicine held over medical geography and a forging of new links with other disciplines[10] (Kearns and Moon, 2002).

Within this shift there is criticism that health geography has neglected the body both empirically and theoretically (Dorn and Laws, 1994; Parr, 2002; Hall,

[10] However, as Parr (2002) and Philo (1996) note this is not a complete split from an interest in the medical because there are vital research arenas that are within this remit. Instead of a discrete split, the 'new' health geography actually shows that "'the medical' is indeed being revisited and more critically examined by geographers as they seek to understand more fully the complex interaction between health, illness, place and space" (Parr, 2000 pg 246).

2000)[11]. This criticism is aimed at the predominance of social constructionist views which, it is argued, neglect the active materiality of the body. The argument made is that social constructionist and earlier medical models, though dichotomous, both produce and analyse a docile, inactive body. As Parr (2002 pg 247) proposes, there is a need to debate "how body spaces are socially constructed and experienced as well as (and not just) biologically determined". Recognising the importance of the body does not negate the importance of social constructs and discursive power but shows that these do not play out through a simple inactive space but are actively changed and re-produced through the space of the body. According to Hall (2000 pg 24), we are stuck in a "bipolarity of understandings of the body: pathological/medical and social, biologically determinist and social constructionist. In each of the pairs, the body is either simply biological *or* social; there is no space in the in-between. The body that we experience, we live, is not included or allowed into the discussion". In other words, to situate the body as a lively space involves going beyond the old binary arguments between either society or biology and realising the complex interaction between society and biology, our embodiment. Because we are active bodies with lived experiences and because these experiences are shaped by and shape our physical, emotional and relational surroundings, "it is the very interconnections between such body/mind states and wider social, cultural, economic, political and medical environments... [that] *should* interest and concern us as geographers" (Parr and Butler, 1999 pg 21).

Although this engagement with the body is still relatively sparse there is a distinct change happening within this increase in attending to the body directly, resulting in new subject spaces being exposed and engaged with. For example, geographical work has engaged with embodiment through topics such as: pregnancy (Longhurst 1999, 2000), eating and dieting (Bell and Valentine, 1997), fitness (McCormack, 1999) and bodily movements (Thrift, 2008) to name but a few. In all of these accounts it is shown how the body is socially and materially constituted and how the body itself is a dynamic spatiality that alters the very situations in which it inhabits. There is also geographical work that shows how the space of the body has been variously 'othered' historically within medical literature in ways that construed

[11] This concern echoes arguments within geography in general where theoretical influences from feminism, cultural studies, phenemonology and post-structuralism highlight the importance of the body.

the body as a place of exclusion (see for example Dorn 1999, 2000; Imrie 1999). This increasing interest in embodiment conceptualises new spatial relations. Space is not presented as something 'out there' which we can objectively stand outside of but is, instead, formed through our embodied experiences and also forms our embodiment (Butler and Parr, 1999).

The body has also been engaged with by the sub-discipline of disability geography. Previously receiving little attention, disability geography arose in the late 1990s through concerns that geographic and spatial dimensions of disability were largely being ignored within disability studies (Park et al, 1998). Park et al (1998) lament the inattention that has occurred between disability studies/rights movements and geography. They state that "without a fuller recognition of the implications of the radical critiques offered by this movement [disability rights], geographers are unlikely to make a significant contribution to the wider field of disability studies" (Park et al, 1998 pg 226). However, disability geographers have begun to contribute critically to disability studies through critiques of the neglect of the body within disability theory. Disability studies prioritises the social model and the analysis of social constructions of disability (see for example Barnes and Mercer, 2004). Geographers (Hall, 2000) have argued that this is problematic because it neglects to research and discuss the lived materiality of the body of those with disabilities. Hall (2000 pg 25) states that "the presence of impairment, of pain, of bodies and biology is something that disability theory must confront and take on board. If there is continued exclusion of the body, in all its flawed reality, from thinking about disability and health, then a whole area of issues of importance for the people affected will not be tackled". Disability geographers have kept alive the material bodily differences between individuals by stressing that it is important to recognise the practical realities of living in a disabled body as well as the disabilist societal constructs that govern these bodies (Hansen and Philo, 2006; Parr and Butler, 1999).

Within the sub-disciplines of health and disability geography there is work, although sparse, that focuses specifically upon learning disabilities. Before the movement from medical to health geography, the only notable geographic work on learning disabilities was by Wolpert (1976, 1980). Wolpert showed that people with learning disabilities were excluded from wider society and public spaces through their perceived irrationality. He argued (1976) that divisions become erected between 'us'

and 'them' by designations and labels over who spends and receives resources and time through care provision. People with a learning disability become estranged from communities by being designated as a burden. Furthermore, as Wolpert (1980) argues in his paper 'the dignity of risk', there is a common joining of scales of competency and dangerousness such that those who are perceived as incompetent are also perceived as dangerous (regardless of any evidence of this risk). Incarceration and institutionalisation are the physical removal of those deemed 'other', often through concerns over the risks that they allegedly pose due to their perceived incompetency. Interestingly, speaking at the beginning of deinstitutionalisation, Wolpert noted that, even though independence is being increased, the demarcations of competency are being narrowed such that there is still a figuring and attempted mitigation of the 'risk' that these individuals pose. This mitigation occurs for those deemed 'other' despite their movement into the wider community. Therefore Wolpert questions whether deinstitutionalisation will actually provide inclusion or whether exclusionary logics (see also Wolpert and Wolpert (1976)) will remain: "the incentive to exclude appears to be one of the true universals, and the habit is addictive. We train professional care-givers to justify and stabilize the exclusion" (Wolpert, 1976 pg 13).

While, as Philo and Metzel (2005) show, Wolpert did not construct a geography of learning disability and must be read in terms of his wider project of examining how each and every one of us is positioned in terms of risk and competency, he provides an important introduction for both geography in general and this thesis. This is because his work shows how the increased freedom of deinstitutionalisation (while still something to be celebrated) still organises through logics of competency and risk. This, I would argue, prefigures the continual movement in contemporary English learning disability policy which stresses individuality and the affording of more independence while still rationalising its subjects and governing their actions. By highlighting the dangers of a protective view that stresses the incompetency of those with a learning disability as a reason to be overly protective (hence not afford those with a learning disability the 'dignity of risk'), Wolpert provides analyses of forms of thought that motivate exclusionary practice. Importantly, as this thesis will further discuss, in chapter 4, these forms can operate throughout independence and not just at moments where independence is formally rescinded. I will extend Wolpert's critique to analyse what is actually being

produced, for people with a learning disability (and the impact of this upon each and every one of us), when so called empowering discourses such as independence, inclusion and choice are deployed and become commonplace.

Although Wolpert's studies did not immediately create a subset of geographic enquiry, they provided a stimulus into debates about irrationality and exclusion that, when geography became more interested in health, disability and the body, influenced geographic interest in learning disabilities. This interest has, so far, proceeded through two broad topics: that of asylum geography and that of post-asylum geography. Asylum geography (Philo, 1997, 2004a; Radford, 1991; Radford and Park, 1993; Radford and Tipper, 1988) has mostly focused on asylums from the Victorian era within the UK and Canada. This historical work shows that the asylums are specific spatial constructions that order and manipulate space, and thus those who inhabit this space, in a certain manner. This work is predominantly interested in the spatial phenomenon of asylum and, because these asylums did not separate those with a learning disability from other groups deemed deviant (including mental health problems, some physical disabilities, autism, epilepsy and other 'non-desirable' characteristics), it does not directly engage with the specific concerns and lives of those with a learning disability. Furthermore, as Wolch and Philo (2000) propose, this asylum geography looks at a particular historic and geographic space in relation to learning disabilities when, actually, the majority of those with a learning disability were never housed within asylums. This point about asylums is pertinent to this thesis because it shows that people with a learning disability are not a discrete categorisation but rather have been and still are (given the amount of people cared for by parents and often unknown to services) multi-faceted in terms of their spatial distribution and where their care and support is provided.

In chapter 2 I explore the historical development of asylums and the related discursive shifts that construe 'idiocy', 'madness', 'feeblemindedness' and 'learning disability' using a number of these geographical works. This asylum geography is important because it analyses the exclusionary tactics and logics that form the basis of the differentiation of people with learning disabilities from those without (Richards, 2004). This work shows that positivist and Enlightenment ideals of rational human behaviour were used to construct distinctions between people (Radford, 1994b). These reached their nadir in eugenic discourses that aimed to purify certain

normalised spaces and improve the moral and genetic wellbeing of the general population (Radford, 1991, 1994a; Radford and Park, 1993). Importantly, as Smith (2005) shows, while the physical differentiation of space is lessening (although in some places still apparent) the lives of people with learning disabilities are still played out through prejudicial divisions. Furthermore, this work also shows that the geography of this assessment and segregation had an uneven geography shaped by local emergences and historical built spaces and knowledge (Philo and Metzel, 2005).

Post-asylum geographies have predominantly focused upon the new spaces of care produced by the closure of institutional hospitals and the movement towards smaller community-based homes. Research has highlighted the barriers facing people with a learning disability within various spatial contexts (Metzel, 2005; Metzel and Walker, 2001; Walker, 1999). By showing the problems that people with a learning disability have faced after deinstitutionalisation, this body of research questions whether the move towards physical placement in 'normal' society actually results in those with a learning disability being included in it or continues marginalisation (Laws and Radford, 1998). Hall's (2004, 2005, 2010) work highlights that the lives of people with learning disabilities are much more nuanced and complicated than that stipulated within government policy. Here the embodied actions of people with a learning disability are shown to transgress the simplistic binary of social inclusion/exclusion that policy propagates.

Alongside this focus on the spaces of deinstitutionalisation and community care, there a number of other geographical works concerned with the lives of people with learning disabilities. Of particular note, Power (2007) focuses on family care giving, a neglected topic given that throughout the different epistemes of institutional involvement[12] the family has provided the majority of care. He shows that the recent focus on independence has complex spatial implications, especially in regards to the tension between care and dependency within the family unit. Holt's (2003, 2004, 2007) work focuses on pupils with Special Educational Needs and echoes Hall's (2004, 2005, 2010) work by showing that narratives of inclusion and exclusion are complex and entangled. She shows that the physical movement of children into mainstream education does not necessarily break down boundaries around normality (in chapter 2 I further explore this geographical context). Laws and Radford (1998)

[12] These different epistemic shifts are explained in chapter 2.

take an approach that involves 'telling stories' of people with learning disabilities, aiming to rectify the invisibility these people experience not only in society but also within academia. Furthermore, there is an argument that learning disability is 'othered' within academic geography with there being a need for more work on this neglected topic[13] (Hall and Kearns, 2001; Philo and Metzel, 2005; Wolch and Philo, 2000). This literature highlights that there is still a lack of geographic work on the topic of learning disabilities and, specifically, for this research, on contemporary practices and policy. The neglect that this topic is shown highlights a timely need to unpick critically what the contemporary focus on individual independence, as the basis for support provision for people with learning disabilities, does and how this plays out spatially in practice.

d) Biopower, discipline and biopolitics

The work of Foucault, it has been established, is being used as one of three key interventions into contemporary learning disability care. Although the analytical component of this is discussed in chapter 3 it is important to now establish his conceptual literature on how we become made as subjects in order to enable a critical reading of what contemporary learning disability care is doing. Foucault (2004 pg 1-89) proposes that political philosophy has conceptualised power within a juridical mode of thought. This juridical mode (based on discussions of sovereignty and natural rights) sees power as a possession "in the form of inherent, inalienable rights, the transfer or surrender of which (through a juridical act or a contract) constitutes sovereignty" (Tremain, 2005 pg 4). In other words, for this juridical conception, individuals (or groups) have power which they wield over others. Emancipation figures in this juridical political philosophy as the rescinding of power over individuals whereby individuals gain their 'inalienable rights' by wielding their own power. For Foucault, however, this juridical conception of power ignores how power operates: it leaves unanswered questions about how power works and by what means it works. Engaging with the operation of power, and tracing myriad workings of power relations, Foucault (1986, 2004, 2007, 2008) argues that power also operates as

[13] These papers also argue that an expansion of geographic work on learning disability is important not only for this specific context but also to enliven critical debate about how each and every one of us inhabits the world (see Hall and Kearns, 2001).

biopower. This power operates upon the conduct and actions of individuals. Power, in this configuration, needs to be exercised. Here power is not something that can be held by an individual but instead exists by virtue of it being enacted, whereby:

> "what defines a relationship of power is that it is a mode of action which does not act directly and immediately on others. Instead it acts upon their actions: an action upon an action, on existing actions or on those which may arise in the present or the future. A relationship of violence acts upon a body or upon things; it forces, it bends, it breaks on the wheel, it destroys, or it closes the door on all possibilities" (Foucault, 1986 pg 220)

Crucially we can witness how this conception of power differs from the conceptual understandings that underpin the theories of empowerment and the social model that have previously been discussed. In empowerment and the social model the aim is to rescind the power held over people and empower previously powerless individuals by scaling back the societal constraints that restrict these individuals. For Foucault, and those that use Foucault's work (see in particular Tremain's (2005) Foucauldian critique of the social model), this idea of power problematically sets up an ideal of a pre-discursive individual (in the social model this is fetishised as an idealistic individual who operates without any social constraints) and neglects the positive aspects of power relations. The change from juridical to biopower sees power as a positive force because it works upon and changes people's actions rather than just being a negative force that is wielded over someone in a relationship of domination. This positive biopower relies, therefore, on the individual being free to act. The actions of individuals are altered through power relations being brought to bear upon the individual's actions by others. This is the styling of a subject's[14] behaviour through structuring "the possible field of action" (Foucault, 1986 pg 221) for the subject.

This understanding of power as biopower is important because it brings the body to the forefront of how people are controlled. Biopower figures power as working through the material capacities of individual bodies[15]. The body is figured

[14] Subject here refers also to subjects in the multiple.
[15] This is contrast to a juridical power that acts directly on the physicality of bodies (as in torture or execution (Foucault, 1991)).

within mechanisms of control, with these mechanisms "exercising upon it a subtle coercion, of obtaining holds upon it at the level of the mechanism itself – movements, gestures, attitudes, rapidity: an infinitesimal power over the active body" (Foucault, 1991 pg 137). As such biopower styles bodily actions, it is about the life of the subject defined in terms of what the subject does and does not do. Biopower "incites, it induces, it seduces, it makes easier or more difficult; in the extreme it constrains or forbids absolutely; it is nevertheless always a way of acting upon an acting subject or acting subjects by virtue of their acting or being capable of action. A set of actions upon other actions" (Foucault, 1986 pg 220).

Biopower, for Foucault (2004, 2007, 2008), in modern Western societies has a specific historical lineage and it emerged in the C17th and C18th with the rise of, firstly, *disciplinary* mechanisms and then, later, *biopolitical* mechanisms of governing. These mechanisms emerged out of the transformation[16] of the sovereign's control over death ("the right to take life or let live" (Foucault, 2004 pg 241)), into mechanisms of controlling life. *Disciplinary* mechanisms, emerging in the C17th and early C18th, involved the transformation of this 'right to take life' into techniques of power that are centred upon the individual body. These operations of power work through the productive forces of bodies. Here we have, for example, mechanisms of "surveillance, hierarchies, inspections, bookkeeping and reports" (Foucault, ibid pg 242) all of which organise individual bodies through facilitating and controlling an individual's actions. Following this, in the second half of the C18th, *biopolitical* mechanisms of power emerged. Biopolitical power addresses 'man' not as an individual body (as in disciplinary power) but instead as a generalisable domain: as a species. These biopolitical mechanisms are regulatory in nature (the production and regulation of birth rates, death rates, fertility rates, medical statistics and so on) and produce regularised conducts in terms of man-as-species.

> "The mechanisms introduced by biopolitics include forecasts, statistical estimates, and overall measures. And their purpose is not to modify any given phenomenon as such, or to modify a given individual insofar as he is an

[16] As Foucault notes, the demise of the predominance of the sovereign's right to take life was not replaced but, rather, complemented by new mechanisms of power that eclipsed the dominance of the sovereign (Foucault, 2004 pg 241). As Coleman and Grove (2009) argue, following from repeated assertions from Foucault, the shifts in mechanisms of power are not intended as epochal shifts but rather constitute emergent overlapping arts of government (see also Elden, 2007).

> individual, but, essentially, to intervene at the level at which these general phenomena are determined, to intervene at the level of their generality. The mortality rate has to be modified or lowered; life expectancy has to be increased; the birth rate has to be stimulated. And most important of all, regulatory mechanisms must be established to establish an equilibrium, maintain an average, establish a sort of homeostasis, and compernsate for variations within this general population and its aleatory field. In a word, security mechanisms have to be installed around the random element inherent in a population of living beings so as to optimize a state of life" (Foucault, 2004 pg 246).

Thus the idea of a population as a measurable and controllable group was produced through a biopolitical configuration of people as "a global mass" (ibid pg 243). And so, the conjunction of disciplinary and biopolitical mechanisms organises people through a normalising society that operates in terms of both individual bodies and the general population:

> "Such a power has to qualify, measure, appraise, and hierarchize, rather than display itself in its murderous splendour; it does not have to draw the line that separates the enemies of the sovereign from his obedient subjects; it effects distributions around the norm... A normalizing society is the historical outcome of a technology of power centred on life" (Foucault, 1998 pg 144).

Through these two axis of biopower, as Foucault (1998) exemplifies with an investigation of sexuality, standardised acceptances of morality and knowledge become the norm and, in their deployment and repetition, become naturalised. This naturalisation asserts itself as apolitical and, as such, affirms itself in contemporary society through paradigms of liberation. For Foucault (1998 pg 159), "the irony of this deployment is in having us believe that our 'liberation' is in the balance", in that, these deployments propagate that it is only in our contemporary age where we are fully liberated. In this landscape of biopower it is life and assumptions about what life entails that are, therefore, at stake. Here we see individual life (discipline) and the life of a population (biopolitics) being subjected to mechanisms of power. Through the

operation of these mechanisms life itself becomes subjectified (hence Foucault's (1998 pg 143) assertion that "modern man is an animal whose politics places his existence as a living being in question"). In terms of the turn towards person-centred care we can see how the target of this discursive shift sits at the intersection of discipline and biopolitics. This is because the personalisation agenda conceptualises people with a learning disability in terms of the actions of discrete individuals (with individual choices, needs and aspirations) *and* through a configuration of these individuals in relation to a general population (with the focus on *everyone* having the right to be an independent individual). Here, the rationale of individualism is mobilised as a liberating ideal by being designated as something everyone should have. Foucault's narrative enables us to recognise that this is not the manifestation of a continual move towards liberation (a view of history as inexorable progression) but is the contingent creation of new modes of subjectivation that operate upon, and constitute, the living capacities of individuals.

e) Practices

The relationship between discourse and practice forms the conceptual context of this thesis and it has been shown that the approach being taken is a recognition that discourse and practice are always intertwined yet always in tension. In chapter 3 the relationship between discourse and practice is staged to critically debate changes in contemporary learning disability care. However, it is crucial that an understanding of what 'practice' entails is detailed. As such academic literature concerned with practice is discussed in order to elucidate what this thesis takes as 'practice'. Within social sciences there has been recent increased interest in practices with this being described as a 'turn towards practice' (Schatzki, 2001). Put most broadly, practice (as a social science concept) can be summarised as a repeated array of embodied actions within which various elements, both human and non-human, are embedded (Schatzki, 2001)[17]. In other words, attending to practices begins with the performative and the relational aspects of the world. As such the turn towards practice articulates life

[17] There is nevertheless disagreement over how to approach practice. Thrift (2007) dissociates practice within non-representational theory from that of 'practice theory' arguing that practice theory attempts to prescribe a theory or a way of approaching practice and this stultifies and restricts events of practice emergence.

beyond a reductive meta-narrative based upon simplistic reductions (such as divisions between nature/society, mind/body, object/subject and so on) and makes the argument that humans cannot be abstracted from the world but are very much rooted within the world.

The practice turn thus develops the post-structuralist critique of dominant discourses of humanist and structuralist epistemology and their adherence to "a Cartesian spectatorial epistemology that severs subject from object, mind from matter, culture from nature" (Wylie 2003 pg 142)[18]. Although structuralism and humanism are mutually exclusive, they nevertheless retain the same adherence to underlying structurations of the world (although humanism relates this back to the individual representer while structuralism relates this to non-individual structures) and sighting access to a pre-defined 'reality' through the uncovering of underlying structures. Post-structuralism argues that the reduction of knowledge to a structured formulation such as language fixes knowledge into a closed system and produces a pre-determined basis for life. Instead, post-structuralism overcomes this 'originary' urge because it disputes the need to find a 'deep', hidden meaning that determines the 'surface' (Derrida, 1976, 1978, 1981; Murdoch 2006). Furthermore, this involves unsettling the coherence of a rational, disembodied subject (Pile and Thrift, 1995: Murdoch, 2006). As work from non-representational theory has shown we cannot neatly and coherently represent something outside its co-constitution in the world (Thrift, 1999). Instead, the lived reality of the world is not simply available to us to represent, as separate bystanders, because we are inherently always situated within the world. In other words, "we cannot extract a representation of the world because we are slap bang in the middle of it, co-constructing it with numerous humans and non-human others for numerous ends" (Thrift, 1999 pg 296-297)[19].

Within geography post-structuralist theory rejected the idea that space is a "reality to be clarified and understood from the perspectives of those people who have

[18] *Humanism* revolves around a coherent self that produces meaning. Therefore, for humanism, the world, out there, can be accurately represented by a rational mind: in other words the individual self determines meaning (Lamont, 1997). *Structuralism* (most notably developed by Levi-Strauss (1969, 1983) and Saussure (1983)) develops out of humanist understandings of the world but breaks with humanism by replacing the individual with non-individual structures or laws, such as language, as the centre of meaning. Structuralism aims to find "basic elements (concepts, actions, classes of words) and the rules or laws by which they are combined" (Dreyfus and Rabinow, 1986 pg xvi)

[19] The main concern, as Dewsbury et al (2002) argue, is with representationalism (not with representation per se, an impossibility given that we always engage with and present representations), that is, the adherence to the notion that representation is the attempt to uncover a *pre-formed* reality.

given it meaning" (Tuan, 1974 pg 212). Instead, space is understood not as fixed placements (a set of "absolute and fixed coordinates" (Murdoch, 2006 pg 86)), waiting for a researcher to represent, but rather as something that is fluid and changing and has a relational constitution (c.f. Crang and Thrift, 2000; Murdoch, 2006; Law and Urry, 2004). In this understanding space is something that has to be done, has to be performed. As Latour states "when a phenomena 'definitely' exists that does not mean that it exists forever, or independently of all practice and discipline" (Latour 1999, pg 155-156), but instead that its existence is a relational one that needs to be brought about. This is because to assert a 'fixed point' is to remove oneself from the world and establish oneself as a distanced observer. Doing this would ignore the 'situatedness' (Haraway, 1991: Thrift, 1999) of knowledge and the actual embodied materiality of life because one is abstracted from one's empirical existence within the world[20]. This ignores the vitality of life because, by presenting space as closed or fixed, we ignore that "there are always connections *yet to be* made, juxtapositions yet to flower into interaction, or not, potential links which may never be established. Loose ends and ongoing stories" (Massey, 2005 pg 107).

From this conceptual background this thesis understands the foregrounding of practices as entailing a situated and relational concern with the world (see for example Law, 2002; Law and Hassard, 1999; Law and Mol, 2002, 2007; Law and Urry, 2004). This is an engagement with objects as relational because they are understood as being performed through heterogeneous relations between elements, rather than as pre-existing points out there waiting for a disembodied subject to represent. As Mol states: "objects that are enacted cannot be aligned from small to big, from simple to complex" because "there is no fixed point of comparison" (2007 pg 157). Furthermore, these objects are situated in specific enactments and emerge within their performance in the world (Mol and Law, 1994) because, as Game (1991) proposes, "there are no ready-made lines as these are created in the action". Foregrounding practices, therefore, recognises that the world is continually brought into being and that, instead of being abstracted out of the world at a pre-determined discrete point, we are, in fact, within the vital flux of the world. Therefore "practices and their performance are understood as sufficient in themselves" with the implication being a

[20] We can witness here similarities between these literatures and the previous discussion of literature concerned with highlighting the importance of out embodied situation (Butler and Parr, 1999: Hall, 2000, 2004: Longhurst, 2000: Parr, 2002).

need "to *show* practice as that which incessantly, irretrievably, excessively, *happens*––as that which is *taking-place*" (Harrison, 2002 pg 489).

Practices are also being understood to have, as Mol and Law show (Law, 2002; Law and Mol, 2002, 2007; Mol, 2007, 2008), a measure of stability. That is, to be a practice, a practice needs to hold together enough and not just be a random association of elements. This 'holding together' is understood as the need for practices to be continually done: they "have to be generated on every occasion, by agents concerned all the time to retain coordination and alignment with each other in order to bring them about" (Barnes, 2007 pg 25). However, it is crucial that this does not slip into Bourdieu's (1984, 1990, 1991) static and structuralist notions of practice. Here Bourdieu's concept of habitus and social routines[21] reverts practice back to a meta-structure argument and re-asserts a foundational basis of the social (albeit using different terminology such as habitus, disposition, routine and ritual). The problem with this foundational basis is that action is rooted in pre-determined "common frames of understanding" (Thevenot, 2007 pg 65) leaving no space for change (Butler, 1993, 1997). Therefore, while practices have stability, and hold together in some way (or else they would not be a practice), if they were dictated, such that Bourdieu theorises them, there would not be the potential for change and disruption (see Thevenot, 2007).

The conceptualisation of practice that is taken from this literature review is that *practices are understood as coagulations that hold together through being performed and, in this situated and relational performance, bring about the various elements that are constituted within them* (Mol, 2007). Hence what is brought about cannot be separated from the practices in which it is enacted. Furthermore, the actors are not decided upon before the practice but again emerge and are constituted throughout the practice. Each element "depends on everything and everyone that is active while it is being practiced" (Mol, 2007 pg 32). Therefore, it is recognised that within practices non-humans have agency; they are a creative presence in the practice (there are "many metaphysical shades between full causality and sheer non-existence:

[21] In Bourdieu's notion of practice: "The complex complicity between habitus and field can be rendered as an alignment such that the reproduction of prevailing gender norms [although this could be any performed norm] and relations of domination seems secure and straightforward" (McLeod, 2005 pg 20). In other words Bourdieu's relating of everything back to a determining social explanation, 'the habitus' actually cuts of the ability for social relations to be performed differently. See also Butler (1993, 1997) who argues that Bourdieu reverts to permanence within social order by sublimating bodily interactions and perceptions to collective structures.

things might authorize, allow, afford, encourage, permit, suggest, influence..." (Latour, 2004 pg 226)). Practice, in other words, to quote Whatmore (1998 pg 26), is a "relational achievement, involving the creative presence of organic beings, technological devices and discursive codes, as well as people".

Reading these conceptual literatures in terms of the empirical interrogation being performed in the thesis we can extrapolate this reading to pinpoint exactly what is being taken on as the analytical focus. By understanding that practices need to be performed, and in this performance gain their stability, these practices are taken as practical strategies and techniques that are implemented to bring about one of the three mentalities. These specific practices emerge as relational achievements through the conglomeration of sites, actors and understandings. Crucially these practices therefore operate to implement the discursive governing ideals of each of these mentalities by styling and altering the actions and practices of individuals with a learning disability (see table 1). The empirical focus is on how tactics, within each practice, operate upon the actions of those with a learning disability and, crucially, the situated and relational specifics of how these tactics enact and mobilise the three different mentalities. This means that *the focus is specifically on practices that enact choice, inclusion and self-knowledge through being put into operation by various practitioners to alter the actions of individuals with a learning disability.* While it is important to recognise that these mentalities are manifested in an expansive array of practices, for example in reference to everyday practices (such as cleaning, cooking, day time activities, working) the difference is that these practices are not undertaken to govern the actions of those with a learning disability. Instead, these everyday practices are, in fact, the very actions that are being governed by the practitioner enabled practices that this research investigates. In other words, the focus is on the variety of practices undertaken by non-learning disabled individuals that act upon the everyday, individual practices that constitute the actions of those with a learning disability, and thus start to articulate and constitute the individuality of not only what it means to be, but also the very being, of a person with a learning disability.

5) Research Questions

Having outlined the purpose of this thesis, the empirical context, critically interrogated the discursive context, and debated relevant literatures, I will summarise the narrative that follows through a number of research questions. These three questions tie to the three key arguments, which have been established as the crucial points of this research, and will be debated in the concluding chapter.

1) *How is the discourse of individual independence governing the lives of people with learning disabilities and how can we begin to challenge this?*

2) *In what ways can we start recognising the potential to form new relationships that exceed the current discursive assumptions about learning disability?*

3) *How does the engagement performed by this thesis, in terms of the relationship between discourse and practice, speak to wider conceptual concerns?*

CHAPTER 2: CONTEXT

In this chapter I describe both the historical and geographical context within which this research operates. I draw from historical and geographical policy alongside analysis and theoretical discussions to show specific variations and differences in learning disability discourse and practice.

1) Historical Context

a) Medieval / Pre-workhouse Period

Prior to the dissolution of the monasteries and the beginning of the 'age of reason' throughout Europe (pre mid-C17th) most people with learning disabilities, then considered and labelled as 'mad' or 'idiots'[22], were supported within their homes and local communities (Roffe and Roffe, 1995). Any institutional support was provided through monasteries or other religious run refuges. The Crown and local commissioners generally allowed such individuals to be brought up in a familial system and courts were involved primarily over disputes or around control of land (Nuegebauer, 1979). Therefore, in this period, the categorisation of 'idiocy' was normally utilised when specific legal needs arose. The figure of the 'idiot' or 'mad person' was constructed through a number of competing and contradictory views such as fear, disgust, ridicule, knowledge, childishness and innocence that were often localised in their deployment. However, these views were primarily linked to God's omnipotent ability to craft 'man' and highlight aspects of 'man's' condition (Harper, 2003; Stainton, 2004; Zijderveld, 1982). Foucault's analysis of the construction of 'mad' subjects shows that madness in the medieval period primarily alludes "to man, to his weaknesses, dreams and illusions" (Foucault, 2001 pp 23). In other words madness reflected upon 'man's' condition and his relationship to God, enabling one to perceive the excesses and limits of humanity. Within this we can situate specific practices aligned with groups in this 'mad' population. For example, Skultans (1979) shows that women who were suspected of madness suffered worse treatment than

[22] Throughout this historical discussion I attempt to use historically accurate nomenclature for people we would now understand as having a learning disability. However, this is problematic and simplistic given that categorisations do not match up throughout history and at certain points many different names were used.

men. Furthermore, in terms of what we would now understand as learning disability, there was a distinction between people who were regarded as 'natural fools' or 'idiots' and those who engaged in artificial folly. The natural fools were those displaying severe signs of idiocy who were seen as unable to control their abnormality and these were innocent and able to reveal God's plans. The artificial fool, however, was aligned with the devil through being seen as engaging in immoral acts (Stainton, 2004).

b) Workhouse / Madhouse Period

Following the dissolution of the monasteries there was little in the way of institutional support for people who were seen as 'mad' or 'idiots'. The Poor Laws, passed in the C17th, meant that individuals who could not be fed at home would be provided 'poor relief' (i.e. food within local parishes). At the end of the C17th, due to population increases, cost and concerns about idleness, the workhouse movement began. Local parishes wanted to keep those not working out of poor relief so would send this group to privately run, for profit, non-licensed workhouses (Bewley, 2008). Many people with learning disabilities were confined in these workhouses. Individuals who presented as having extreme 'mad' behaviours were confined in specialist workhouses known as madhouses paid for by local authorities (Andrews and Scull, 2003). The Madhouse Act of 1774 made it compulsory to have a license to house 'mad' people and began yearly inspections of these premises. However, this act, in practice, reinforced the boundary between madness and normality because it was primarily concerned "to prevent illegal reception of the sane, and for this reason it concerned itself little with the mechanics of inspection, or indeed with the real plight of the madhouse inmates" (Hervey, 1985 pg 98-99).

Confinement and segregation in workhouses and madhouses increased across the C18th and early C19th. As Foucault (2001) shows, there were a number of rationales that supported the logic of segregation during this period; for example, an economic imperative based on the increasing rise of urbanisation and industrialisation[23] to get people working cheaply. There were also moral concerns

[23] This is the beginnings of a capitalist economy and the Foucault shows throughout his work how the movement to liberal capitalism involved a movement to new forms of governing and control.

with idleness, lack of discipline and moral weakness. Foucault argues that there was a consistent logic of confinement and segregation applied to both the 'idle poor' and the 'mad'. All these groups were labelled as lacking reason, thereby specifying what amounts to, and those who live according to, reason[24]. Crucially, though, differentiating this period from the later asylum period, this confinement, based as it was upon segregation, was done in privately run houses and predominantly arose when problems arose around an individual. For example, if an individual was unwilling to work, if a family refused to support someone, or if concerns of safety or violence arose then a local authority could look towards confinement. Scull (1975) suggests, during this early period of madhouse confinement, that the categorisation of someone as an 'idiot' or 'mad' was used when that person became a problem, or a danger, and "public measures were taken when disorder could not be contained within the confines of the family unit" (Rushton, 1988 pg 40). Therefore, this is the beginning of a discourse of social control, with a range of emerging spaces of confinement (Philo, 2004a) concerned with those deemed as living lives of unreason but where state processes of segregation were not yet widespread (Rushton, 1988).

c) Asylum Period

Around the beginning of the C19th political and public concern with the inhumane treatment and exploitation of the 'mad' at the hands of private individuals culminated in what is known as the reform movement and the beginning of state confinement (Butler and Drakeford, 2003). The 1808 and 1845 County Asylum Acts allowed and then required counties, funded by the state, to remove the insane from workhouses where, it was argued, many were inappropriately kept. Similar to madhouses these asylums housed those suffering from mental health disorders, learning disability and other behaviours deemed deviant. However, private workhouses and madhouses were not abolished and people with learning disabilities (depending upon their disability and associated behaviours) were kept in workhouses, madhouses, prisons or asylums (ibid, 2003) [25]. The initial ideology behind asylums

[24] However, the exact categorisations of madness varied throughout England and with local interpretations (Parry-Jones, 1972).

[25] The county asylums did not operate alone but rather were figured within a network of different institutions. As Parry-Jones (1996) shows, there were also a number of specific localised services that

was that they would be curative and educative places (Philo and Wolch, 2005; Radford, 1991). Prominent psychiatrists and doctors around the early to mid C19th such as Haslam (1809) argued for the curability of insanity. However, over the C19th and early C20th the population of asylums rose and the number of asylums expanded with many patients becoming housed long term (Jackson, 1999; Wright, 2001). Therefore, this ambition to treat those deemed curable (a small number of the 'mad' population) was displaced by economic and political pressures to manage a much larger population who were seen as unsuitable and expensive to house in workhouses, the community or prison (Parry-Jones, 1981; Walton, 1985)[26].

The increasing widespread state segregation of madness in asylums over the C19th began the reign of a medical gaze upon, and control over, the whole body of those confined in asylums (Philo, 2004a). In the C19th medical discourses began to portray the body in an individualized manner, with the bodies of those deemed 'mad' seen as being broken and requiring fixing (Foucault, 2001, 2008a; Philo, 2000). The psychiatric profession in the C19th increasingly turned to physical rather than psychological approaches towards 'madness' in an effort to evidence the scientific basis for their work (Clark, 1981). Evidencing a scientific rationality gave those in the medical profession legitimacy of control and mastery over the management of mad patients (Rogers and Pilgrim, 1996). The psychiatrist, therefore, had succeeded "in restricting access to his clientele, and transforming his dominance of the treatment of mental illness into a virtual monopoly" (Scull, 2005 pg 230). Indeed, as Foucault (2001) shows, 'madness' became an object of medical enquiry which could be examined, understood and rationalised. In this the psychiatrist becomes not only the potential solver of 'madness' (through science and morality) but also its complete master by defining, categorising and ordering the whole lives of the mad (Foucault, 2008a).

This medical discourse of control comprised of two differing rationales: firstly that of care and humanitarianism, and secondly that of fear of moral and genetic decline (Thompson, 1998). The rationale of humanitarianism saw asylum confinement as the most humane place to house those deemed 'mentally deficient'. In

operated alongside the asylums and workhouses. For example, there a small number of 'lunatic colonies' which aimed to operate more like segregated communities.

[26] Driver (1993) shows that workhouses and other institutions had local variations. Therefore, while there was a large shift towards moving those deemed insane and mad from workhouses into asylums, this practice played out in different local variations.

this rhetoric the asylum was construed as a place to improve those who were placed there (Park and Radford, 1999). Haslam (1809), for example, actively recommended early institutionalisation because he saw the asylum as a positive space of treatment. Within these discourses of care 'mad' people were portrayed as being unable to make appropriate decisions and needing institutional help to enable progression. In contrast there was a rationale of fear about the degradation of society (in terms of both morals and biological inheritance). The 'feeble-minded' were seen as passing on problematic genes and, drawing from Malthusian logic, weakening of society through causing social problems and decay in morals. The two rationales, despite their differences, construed a general discourse of control based upon analysing, assessing and modifying the 'mad' or 'idiot' subject (Busfield, 1986). Both produced a discursive segregation that, alongside other discourses aimed at different population groups, defined the difference between the 'abnormal' and the general population (Foucault, 2004a).

d) Classification, Specific Segregation and the Rise of Eugenics

During the asylum period medical discourses began determining differences between what then became known as the 'mad' and the 'idiot' population. Foucault (2008a) details this in his lectures on *Psychiatric Power* where he shows that in the mid C19th madness began being conceived in terms of illness whereas 'idiocy' began being conceived normatively as an individual "stuck at a certain level" (ibid pg 209), akin to permanently inhabiting childhood. Therefore, drawing from Canguilhem (2007)[27] and Foucault (2004a, 2008a), this divergence involved a separation based on differences conceptions of normality. Firstly, 'madness' (as illness) is quantitatively (difference of quantity) different from normality. Secondly, 'idiocy' is qualitatively (difference of type) different from the normal. Therefore 'madness' entered into the realm of treatability whereas 'idiocy' being qualitatively abnormal (and unable to be treated) moved into the realm of pedagogy. This is because the 'idiot' could not be treated only, through education, like a child, be improved upon (Foucault, 2008a).

This separation occured through 'idiocy' being focused upon childhood and for Foucault this occurred, in France, around the mid to late C19th with separate

[27] I explore the theoretical development of this in chapter 3.

special education institutions[28]. As Jackson (1995, 1999) shows, within England the major discursive concern with 'idiocy' (as a separate population group) emerged in medical and scientific texts in the C19th (later becoming commonplace in popular discourse) through worries around heredity illness[29]. The advent of Darwinism in the mid and late C19th led to increased concerns about differential birth rates (that the birth rate of undesirable populations was higher than the birth rate of educated populations (Searle, 1979; Waller, 2001)). The two fears of declining inheritance and morals were combined into eugenic beliefs through allying biological science with elitist supremacy[30] (Searle, 1976). The eugenic belief was that intervention should be undertaken to prevent the decline of good hereditary conditions (including good moral fibre) through limiting the breeding of and segregating off those with, what were seen as, less favourable characteristics (Radford, 1994a).

Therefore, there was a shift towards 'idiocy' or 'feeble-mindedness', as it was then known, that understood these individuals, as Foucault (2008a) shows, as qualitatively abnormal and also as a danger (Radford, 1994). In Britain the fear associated with this danger became linked to worries about the decline in the population of the state / empire as a whole (Waller, 2001 pg 460). Control over patient's bodies by psychiatrists had not evidenced the cure rates that were initially propagated by the medical community (Skultans, 1979; Waller, 2001), and heredity of defects (moving 'idiocy' into the lexicon of incurability) became a rationalisation for a failure to meet optimistic care and cure targets. In the late C19th the predominant asylum process was now permanent care (rather then aiming for rehabilitation) (Dale, 2003) and eugenic discourse increased segregation and the popularity of calls for sterilisation (Radford, 1991, 1994a). However, in Britain this never materialised into a comprehensive practice. With asylums full, a massive building project was needed to further segregation but due to costs this did not happen (Dale, 2003)[31]. Furthermore,

[28] Although Foucault recognises that the practical enactment of this was slower and many separate facilities were merely wings attached to general asylums.
[29] For example, George Combe's (1830) *The Constitution of Man* propagated to a general public the importance of selecting partners based on hereditary evidence This included the use of the pseudo-science 'phrenology', which is the belief that the human skull physically exhibits aspects of an individual: such as intelligence, moral fibre and personality.
[30] This included, in various parts of the world (including Britain), fears regarding race and poverty alongside mental ability.
[31] Similar to the earlier confinement in madhouses and workhouses local areas targeted high risk individuals for asylum places and supported lesser risk individuals in communities because this was the only practical option.

widespread sterilisation was never adopted within Britain due to campaigning, concerns regarding the erosion of civil liberties and other practical reasons[32].

In Britain, Foucault's location of 'idiocy' within childhood did not become a key discourse until the late C19th and early C20th. Of particular concern to eugenicists was the category of 'feeble-minded' people. The 'feeble-minded' were considered to be less disabled than 'idiots'[33] and there was fear they were not being identified and remained within the general population spreading their genetic defects and lack of morals (Jackson, 1999). Mary Dendy, a key eugenicist campaigner for increased segregation and classification, promoted the work of physicians who were classifying the population of asylums and workhouses into discrete categories. Following the introduction of compulsory education for 5-10 year olds, Dendy campaigned for increased assessment and segregation of children and in 1902 was central in setting up Sandlebridge schools, the first specialist schools for the 'feeble-minded' (Goodman, 2005). For Dendy (1911) these specialist schools were to encompass the entire life of the child, not only to 'better' normal society but also to protect and safeguard those confined there. Therefore, the teachers within these schools replaced the psychiatrist (a diffusion of psychiatric power of classification, assessment and discipline) as the figure which completely controlled the subject's life: "it is precisely through the master's [teacher's] body that the reality itself of the pedagogical content must pass" (Foucault, 2008a pg 216).

This trend towards classification and specific confinement was solidified in 1913 Mental Deficiency Act (Dale, 2003) which specified the need for specialist institutional confinement for people with learning disabilities, thereby constructing a distinct institutional population[34]. The Act began with the broad category of 'mental deficiency' and then split this category into four groups of descending disability: 'idiots', 'imbeciles', 'feeble minded' and, 'moral defective'. This classification system was used to determine where a 'mentally deficient' person should be placed

[32] For example Winston Churchill, who was vociferous in campaigning for sterilisation while he was home secretary was moved to the admiralty by the time the court debated what was to become the Mental Deficiency Act, therefore lessening his influence.

[33] The tactics for classifying 'idiots' and the 'feeble-minded' were often debated in terms of viewable physical characteristics. The concern with 'feeble-minded' individuals was that their discerning physical characteristics were less obvious, so they were difficult to tell apart from the 'normal' population (Jackson, 1995).

[34] However, as Cox (1996) and Dale (2003) show, the specific segregation of mentally deficient people proposed by this Act was not always implemented in practice. Instead, the status of mentally deficient was often used to place those who were difficult to control or categorise.

(whether institutional confinement was required or whether community care was acceptable) (Butler and Drakeford, 2003; Dale, 2003). Therefore, this specification involved increased assessment, classification and pedagogical control of the subject (Radford, 1991, 1994b). Although many individuals with a mental deficiency still remained in general asylums, increasingly these individuals were subject to assessment criteria and placed within the rapidly expanding number of specialist institutions, involving increased surveillance and control (McIntosh, 2002)[35].

e) Deinstitutionalisation and Normalisation

Post Second World War, the creation of the NHS and the National Assistance Act 1948 (alongside the decline in eugenic ideology) led to the beginning of deinstitutionalisation and involved discursive and practical changes in how 'mental handicap', as it was then known, was understood. There was a shift towards understanding mental handicap in terms of both qualitative difference (a continuation of previous discourses of abnormality) and new human rights based understandings which asserted the fundamental similarity of each and every one of us. In distinction to previous periods, when one's intellectual normality was understood solely due to its difference from abnormal intelligence, now any abnormality was also understood as having the same foundation as normality. Alongside this change in the constitution of 'mental handicapped' subjects, this period began the slow shift towards community care. Local authorities had to provide residential accommodation for 'mentally handicapped' people who could not be placed in hospital institutions (either because their handicap was not severe enough or there were not enough places). Although the majority remained in hospital institutions (Malin et al, 1980), there was a definite shift in agenda brought about by humanitarian concern with institutional care (Butler and Drakeford, 2003)[36], concern over institutionalisation and the lack of pedagogical progress, and, perhaps most importantly, overcrowding and cost implications of the large institutions (Thane, 2009).

Alongside this, the theory of normalisation, which was influential in the shift from institutionalisation to community care (and still influences contemporary

[35] There were 2,040 individuals in specialist mental deficiency institutions in 1914, rising to 46,054 in 1939 (Butler and Drakeford, 2003).
[36] Although this concern did not reach its height until the 1970s following the care scandals.

learning disability discourse), became, from the 1970s onwards, the key conceptualisation of learning disability. In chapter 1 (pg 16) I briefly described and critiqued normalisation[37], but the key elements of this theory continue to affect how people with learning disabilities are understood and the practices and spaces that govern their lives (McIntosh, 2002). The initial description of normalisation by Wolfensberger (1972) was based on ideas of extending the rights and services that non-learning disabled people had to those with a learning disability and was instrumental at driving through the end of segregation.

With the publication of the White Paper *Better Services for the Mentally Handicapped* (DoH, 1971), following a number of well publicised care scandals within hospital institutions (Alaszewski, 1983; Butler and Drakeford, 2003), previous calls for increasing community care were turned into actual targets for the reduction of institutional beds. The Conservative Governments in the 1980s and 1990s increased this move to community care, implementing it as part of a wider ideology to cut public sector costs and increase privatisation. Thereby a new, more dispersed geography of residential spaces emerged over this period contrasting, materially, although not necessarily socially, with the exclusionary large hospitals (Philo and Metzel, 2005). By the time of VP only 1,570 people were housed in NHS long-stay hospitals (DoH, 2001)[38].

Importantly, normalisation helped the deinstitutionalisation programme from just being about living in communities to attempt to include wider integration (with people being part of a community and contributing and receiving benefits). However, it was not until community living was conceptualised through a New Labour focus that combined individualism and social inclusion that this was put into practice (DoH, 2001). Indeed, as geographic work into deinstitutionalisation showed, the initial movement towards community living did not result in much social inclusion (Metzel, 2005; Metzel and Walker, 2001; Wolpert, 1976). However, the figure of the person with a learning disability is conceptualised here as being the 'same' as each and every one of us.

[37] This description was undertaken to contextualise recent debates within disability studies which critique normalisation for its inherent assumption that the person with a learning disability should change to be accommodated in normal society

[38] The last long-term hospital for people with learning disability closed in Britain in 2009.

The notion of inclusion is a key principle in VP (analysed in greater detail in chapter 6) and its centrality to recent learning disability policy involves configuring the person with a learning disability as requiring the same status as anyone else. Following criticism that normalisation required people to fit in with normality, Wolfensberger (1983) instead presented the theory of Social Role Valorisation (*SRV*). SRV (unlike normalisation) does not attempt explicitly to produce normal behaviour; instead, it proposes a scientific method of evaluating the status of certain social roles in order to understand what is valued in 'normal' society. From this, it is argued, the person outside of these valued roles can either choose to inhabit the valued roles or these roles can be widened to encompass those who are devalued (Wolfensberger, 1983). The influence of SRV in England is through O'Brien and O'Brien (1988, 2006), who used it to develop PCP[39] and have worked with the government to put PCP into practice. Essential to these configurations of learning disability, and their implementation in practices such as PCP, is the idea that there is similarity between people with a learning disability and those without (notwithstanding, as I detail in chapter 4, the continuation of the classification of learning disability). Instead, it is the roles that they inhabit, and the behaviours and treatment that they receive, which differentiates and interventions should be based on attempting to reduce this difference.

This resonates (as I will show in the next section and explain in chapters 5 and 6) with the shift in policy regime under the New Labour government. Here, choice and inclusion get tied together such that every individual is to be provided equal access to choices (and thus be included in society) but must take individual responsibility to ensure that they cohere to 'normal' modes of living. This is a particular understanding of citizenship through requiring individuals to uphold responsibilities and therefore be granted rights (Clarke et al, 2007; Newman, 2001). The idealised figure of the learning disabled in this shift is now not based on any 'othering' but rather presented as an independent individual (with responsibilities and rights), like each and every one of us (Hall, 2004). This individual, as I will show throughout this thesis, is to be governed and styled not through their distinctive feature of being learning disabled but rather, similar to people without a learning disability, through their apparent freedom.

[39] See chapter 1, pg 14 for a description.

2) Geographical Context

To show the geographical context within which this thesis is situated, I describe three key areas. Firstly, I detail the places, sites and actors that are involved with the assessment of learning disabilities as children. Secondly, I detail the places and actors involved in social care for adults with a learning disability (providing context for the proceeding chapters). Thirdly, I discuss practices of formulating contemporary learning disability policy within Britain showing the key players and sites. I briefly highlight the differences between English, Northern Irish, Welsh and Scottish contemporary learning disability and show their similarities and the spatial implications.

a) Places and actors involved in Assessment

Most individuals with a learning disability enter the systems of assessment, classification and service provision as a child. Many babies are identified at birth, or soon after birth, due to known genetic diseases or problems occurring during pregnancy, problems during the delivery, or difficulties or infections immediately post-birth. However, the extent of a learning disability is not usually determined until early childhood (2-3 years old) when abnormal development of motor, cognitive and language skills can be assessed. During this early childhood a number of professionals will be involved in assessing and categorising the child's abilities and needs (for example, general practitioner, health visitor, educational/developmental psychiatrist and behavioural therapists). These assessments, and the categorisation that the child is given, will determine what Special Educational Needs (SEN) the child has, what education is provided and whether specialist services are required.

During this time the family can request a formal local authority assessment of the child's SEN which, if successful, will produce a formal statement detailing how these needs will be met by the local authority and education facilities. In order to access services and resources, individuals need to be assessed and categorised as having SEN and, as such, become a subject who is defined and understood through the SEN label (Holt, 2007; Warnock and Norwich, 2010). Therefore, the child

(through the need of the family to access resources[40]) becomes categorised as having both an SEN and specifically a learning disability (including level and type of learning disability) (Ball, 1999; Morgan, 2005). The acts and sites of assessment, including the paper and online site of data collection and storage, individualise and survey the child and the family. Rooms are set up for observation, the family moves between different professional places to get holistic assessments, information is stored and reviewed, and the body of the child becomes something that is completely knowable to professionals. This attempts a totalising, networked[41] view of the individual (Morgan, 2005 pg 335-336).

Since the Warnock report (DES, 1978) the main policy driving education for children with SEN has been that of inclusion, with an assumption that children with SEN are schooled in mainstream schools unless a child is assessed as needing to attend a specialist school. This inclusion strategy is driven by SRV with children expected to inhabit the valued role of attending mainstream schooling and participating in normal educational experiences (Wolfensberger, 1983). Critiques of inclusion have argued for a shift towards rights based approaches which do not use normative measurements and emphasises each child's strengths rather than their 'deficits' (Barton, 2008; Liasidou, 2010; Runswick-Cole and Hodge, 2009). However, recent policy, and performance indicators (DfEE, 1997), continues to emphasise getting more SEN children into mainstream schools and focusing on normative behaviours and achievements when they are in these mainstream schools (Warnock and Norwich, 2010).

This prioritisation of inclusion involves a key tension between a discursive construction of these children as the 'same' as everyone else and different due to their SEN classification (Holt, 2003, 2004). This is a particular individualising mode of governmentality[42] whereby the child with a learning disability is construed as being an individual with rights, the same as anyone else, but also as having individual characteristics ('deficits' (Runswick-Cole and Hodge, 2009)) that distinguish this

[40] Indeed, the family themselves are monitored and governed, and a lack of action to secure support resources can be perceived as neglect requiring children's services intervention to ensure the child meets its appropriate outcomes (DfES, 2003). This conceptualisation of the family through the child's 'abnormality' is, as Foucault (2008a) shows in terms of the historical development of the classification of the 'abnormal child', an extension of psychiatric power into more diffuse domains.

[41] Networked because, unlike historical classification where a single psychiatrist held the totalizing gaze, this gaze is played out through multiple professionals recording and sharing information.

[42] I will explore this in further detail in chapters 5 and 6.

child from others. The language of SEN classification involves, as Runswick-Cole and Hodge (2009) show, beginning with a child's disability rather than wider social structures or disabling systems (Barnes, 2000). While there is an undoubted disciplining, as Foucault (1977) shows, within schooling for all children, the continual assessment, classification, and monitoring in more detail (Allan, 1996; Holt, 2004, 2007), with an array of specific sites and actors, exacerbates the control and governmental disciplining of children with SEN[43].

The move to mainstreaming compares interestingly with Foucault's (2008a) analysis of C19th specialist schools for 'idiots' where he details the complete mastery held by the teacher. In mainstreaming, with its array of different teachers, psychiatric, developmental and social work specialists, the mastery and knowledge over the child is diversified throughout a number of sites and actors. In this there are three key geographical sites that organise how the child with a learning disability is governed and made knowable. These are the medical site of assessment and classification (ranging from hospitals at birth, the family home when health visitors visit, the rooms of educational psychiatrists and psychologists, speech and language therapists), the educational site of mainstream schools (complete with specialist sites and actors involved for children with SEN) and the segregated educational site of specialist schools. Importantly, however, these sites and the associated practices do not only govern and order the lives of children with learning disability, they also subjectify the families (Morgan, 2005). For example, families are monitored by health professionals during pregnancy, birth and early childhood (including the potential gaze and intervention of children's services social workers if health and education professionals have concerns regarding the care and ability of the family[44]) and scrutinised by educational professionals in terms of home education, their choices for the child and their co-operation.

The site of the specialist SEN school, and the places and practices of assessment and classification that lead to a child being placed in this type of school,

[43] However, as Holt (2003, 2004, 2007) shows throughout her work, this construction of a distinction between SEN and non-SEN is also much more complex in practice and involves different spatial enactments of inclusion and exclusion and performative resistances to categorisation. Indeed, as Parr and Philo (2000) show, institutional spaces produce and govern bodies but can be reinterpreted and redefined through their use.

[44] While this gaze is apparent for all parents, due to statistical evidence that children with learning disabilities are subject to more abuse and neglect, the monitoring and potential involvement (that assesses, coerces and alters the behaviours of parents) is more acute for parents of children with learning disabilities (see for example: DfES, 2003; DoH, 2000).

also become another particular designating marker. Like the label of SEN, going to a specialist school designates severe or multiple disability and becomes another facet of the monitoring and ordering of the actions of children with a learning disability. Therefore, I would argue that this shows an extension of regimes of governmentality, through strategies of assessment, classification and division, that Foucault (1977, pg 192-194) showed was central to the individualising mode of governing people. Places, such as the specialist school, therapy rooms within mainstream schools, and assessment sites construct the division not only between SEN and non-SEN, but also between learning disability and other SEN classifications and between severe SEN and less severe SEN.

b) Places and Actors Involved in Social Care

The childhood constitution of learning disability, undertaken primarily through places and actors involved with assessment, health and education, then moves towards social care for adulthood. Since the closure of long-term hospitals all individuals now either live independently (using direct payments to access private support where needed), with family support or in supported living accommodation. The key tenet of supported living is that the individual's accommodation is their home and that, where possible, they should be supported to have choices about where and how they live. However, supported living encompasses an array of different places: from residential accommodation (with rooms in small shared residential units and support ranging from full time, 24/7 staffing, to floating support), to living in separate homes (supported by varying levels of staff). The support for these different forms of supported living can be provided either by local authority associations[45] or, increasingly, by private associations (which can be either charitable or run for profit).

Therefore there are a range of different places in which people with a learning disability live. In chapter 3 I describe some of the implications of the sites within which I conducted interview research (for example contrasting private and local

[45] Prior to the budgetary year 2010-2011, the social care needs of people with a learning disability had been met through local authorities and the NHS (what was known as joint commissioning of services). However, in 2010/2011, enacting the recommendations of *Valuing People Now* (DoH, 2009) the commissioning and provision of social care services for people with a learning disability was now entirely undertaken by local authorities. The NHS now only provides and commissions specifically healthcare services.

authority residential homes). Depending on where an individual lives and their support needs, numerous actors will be involved in their support. There will be support workers who undertake the everyday practical support and, depending on the size of the organisation, a hierarchy of senior workers and managers. There will also be local authority reviewing officers and social workers who will assess and review support needs. However, the increase in direct payments[46], which allow an individual to choose their support provision, means that some individuals purchase support outside of their housing service. For example, an individual may be housed in a local authority run residential service and use a direct payment to pay, privately, for an agency worker to provide support for a weekly activity. This is a diversification of governing away from state prescriptions through an idealised individualism, a governing through freedom[47] (Foucault, 2008).

This form of governing involves an increase in the number and different backgrounds of actors with whom a person with a learning disability will be involved with. In particular this focus on "autonomous personhood" (Graham, 2010 pg 141) requires more sites and actors involved in assessment and determination of decision making. This is because social care professionals have to evidence that their assessments are individualised and that individuals are enabled to make independent choices. Therefore social workers, advocates, and residential workers will be required to enable choice making. Spaces such as the individual's bedroom, the social workers' office or even local coffee shops become important places for staging discussions around choice (Wilson, 2008). These spaces become experienced differently because an individual's bedroom (rather than just being a private space) can also now be a space of choosing. Alongside actors and places involved in the enabling of choice-making, there is a continuation of classification procedures that, unlike in childhood with a focus on education, are now to determine benefits and service needs. These assessment processes, undertaken by social workers and benefit advisors, govern the individual through classifying them into levels of need with reference to normative understandings. For benefits this classification system "gate-keeps finance through a system of recognising social exclusion and rewarding greater need through a

[46] This strategy is explained in more detail in chapter 4.
[47] I discuss this in more detail in chapters 4 and 5.

questionnaire that promotes disability as a set of classifications requiring able-bodied assistance, both physically and materially" (McIntosh, 2002 pg 70).

With the importance of inclusion and the shift to a New Labour focus on combating social exclusion, in VP the aim is not only community housing but also increasing inclusion within communities. Segregated places such as day centres are being reduced (DoH, 2009) and individual, community based activities and employment routes increased. This involves an expectation of 'citizenship' whereby the individual with a learning disability actively inhabits community spaces and actively relates to other member of the community through shared rights and responsibilities (Graham, 2010; Redley, 2009). Alongside this, as Newman (2000) exemplifies in her analysis of public services, there is a proliferation of practices and actors involved in monitoring, assessing, reviewing and auditing. For learning disability support, this is undertaken to ensure performance, regulate budgets and mitigate risks. This is particularly due to an increase in complex, diverse, mixed welfare economy (Powell, 2007) networks whereby a mesh of local authority, voluntary and private sectors provide services.

c) *Formation of Learning Disability Policy Across the UK*

Alongside the publication of VP (DoH, 2001), Northern Ireland, Scotland and Wales also published their own policy guidance. These policies are similar and arose around the same time due to a number of key reasons. Firstly, all these policies emerged out of the final shift to community care. Secondly, alongside this practical change, these publications also addressed emerging concerns that the move to community care, while successful on some levels, did not actually facilitate the widespread inclusion of people with learning disabilities. I will analyse how the Northern Irish, Welsh and Scottish policy came into formation and explain their differences to VP[48].

The main piece of Northern Ireland policy to engage with learning disabilities is the *Equal Lives* review (Northern Ireland Executive, 2005). This policy grew out of

[48] The English policy documents, in particular VP (DoH, 2001) and VPN (DoH, 2009), are critically analysed throughout this thesis. Therefore I am concentrating here upon the particular differences and similarities between the policies of the different nations in order to tease out aspects of geographic context.

a wider review, known as the Bamford Review, into mental health and learning disability services. Noticeably, unlike the policies in the other nations the Northern Irish policy is tied throughout its formulation with mental health policy. This is different because in England there has been increasing separation of mental health and learning disability[49] services, with increasingly separate actors and spaces. The *Equal Lives Report* itself is noticeable for targeting citizenship, alongside inclusion and independence, and specifies the need for people with a learning disability to be able to contribute to society as a whole. Therefore, this policy is focused on building a wider cohesive society that includes people with learning disabilities, alongside local community integration. In particular, unlike the other nation's policies, human rights and social justice are highlighted as key citizenship values, a focus that has perhaps emerged due to the specific history of Northern Ireland.

In Wales the development of contemporary policy emerged through a review beginning in 1999 undertaken by an advisory group, run by Wales People First. Wales People First are the Welsh arm of a UK wide charity that undertake research, lobbying and commissioned pieces of work, alongside providing information, training and services. This review, entitled *Fulfilling The Promises* (Welsh National Assembley, 2001), became the framework for good practice within Wales. This framework, similar to the focus within the other nations, foregrounds the idea of individual choice and increasing independence. However, it contains less of a focus on inclusion and meaningful integration within communities, instead just specifying choice of accommodation. Unlike English or Scottish policy, this framework heavily borrowed from an earlier piece of policy, the *All Wales Mental Handicap Strategy* (Welsh Office, 1983). By following a previous document, as an analysis by the Joseph Rowntree Foundation (2002) highlights, recent emerging concerns, such as how disabling barriers within community services exclude people with learning disabilities, are neglected. This framework was updated in 2007 (Welsh Government) by the advisory group with a more explicit focus on inclusion and citizenship.

In Scotland recent strategy is guided by the document *The Same as You?* (Scottish Executive, 2000). This document was written through a steering group which included individuals from public sector bodies and a number of consultation

[49] Not withstanding the recognition that many people with a learning disability also suffer from mental health problems (DoH, 2001).

stakeholder groups which included representatives from charities, private sector and learning disability advocacy groups. There was also consultation with families, carers and people with a learning disability. Similar to the other policies, this document highlights the importance of enabling choice and independence, although in comparison, especially to VP, choice is less of a central focus. Although PCP and direct payments are mentioned, the Scottish policy, unlike that of England and Wales, does not detail a strategy or forthcoming guidance to implement these strategies. Inclusion, and the importance of local community living, is prioritised more within the Scottish document. However, as Hall (2005) shows, this notion of inclusion is premised predominantly on housing and employment. Indeed, the section on modernising housing, encouraging smaller scale supported living and completing the move to community care is the largest in the document. It also highlights that expenditure per person on learning disabilities is significantly lower in Scotland than in England and Wales, and that less of this expenditure goes through community care routes. Therefore, there is a specific national context to this policy that could explain why the Scottish policy focuses less on practices to enable more choice and more on improving housing and social care.

Despite these differences, there are a number of key similarities with important spatial implications. Firstly, there is a networked approach to the development of all these policies whereby private firms, charities, universities and learning disability groups are key actors within the formation of all these documents (Poxton, 1999). These policies were notable for being relatively uncontroversial and widely accepted[50] (Fyson and Ward, 2004). Although these policies speak to a particular political time[51], they were not solely developed by the governing parties but were formulated through cross party groups, agreement between diverse stakeholders (cross-government committees, multiple state departments, local authorities, private sector, voluntary sector and learning disability and carers voices), and actually emerged out of years of lobbying from many non-governmental organisations (Fyson

[50] In chapter 1, pg 15, I explained that Burton and Kagan (2006) do critique the New Labour combination of individualism and inclusion within VP. However, what is notable is that they fail to highlight that the driving force behind this document was not just from within the, then, New Labour, government. They neglect the cross-party acceptance of the policy, and also the importance of charity, lobbying groups, learning disability groups and universities in its formation and the positive welcome received by this policy.

[51] The focus on both individualism and inclusion in these policies, as I explain in chapters 5 and 6, can be situated within a New Labour wider policy rubric.

and Simmons, 2003). From these stakeholders, any critique of these policies was primarily about the lack of implementation and practical problems rather than concern with the key principles (Forbat, 2006 pg 250). Therefore, there is a particular networked method of governmentality being enacted whereby groups interested in particular aspects of learning disability care are brought together as active agents (Clarke and Glendinning, 2002). These groups function to monitor and review services (the policies all draw from research conducted by interest groups) and, as such, the state governs through a more dispersed and less hierarchal system in which these actors are expected to take responsibility and contribute to policy formation and review (Burchell, 1993, 1996).

Secondly, the focus on inclusion and choice involves a decentralisation of power to local levels. This localism functions, in these policies, as an ideal (which is discussed in chapter 6) and across new local spaces of implementation. The policies of all four nations increase local purchasing and commissioning power under the argument that the local area should be responsive to the needs of its population and able to respond to local difficulties with local initiatives[52]. The current coalition government, while affirming that it supports the key values within VP, announced in March 2011 that the central driving body, funded by the Department of Health, will end. Instead the aim is for local areas to implement local leadership and continue policy through local initiatives (Mencap, 2011). Decentralisation is thus increasing and it is intended that local areas will have more freedom to decide (from a supposed free market using budgetary constraints as a deciding factor) from where to commission services. Service commissioning is increasingly provided locally through a combination of local authority, private sector and voluntary sector providers. This form of governing professes that local autonomy (within monitored outcome criteria) is the best decider in service provision and claims to role back governance. Here there is an ideal "notion of the purchaser [the local authority] as an agent for the individual local resident" (Moon and Brown, 2004 pg 69). However, this localism produces a new spatial organisation that regulates the lives of people with learning disabilities

[52] In the analysis of the Welsh 2001 framework by the Joseph Rowntree Foundation (2002), it is argued that, although the framework involves decentralisation of commissioning power to local areas it does not provide details on how local areas are to be supported to ensure effective commissioning of services and effective implementation of the framework. This critique is typical of many charity and research inquiry into these policies that criticise aspects of the implementation and resource availability of the policies, but still affirm the core values and ethos.

through these localised networks of competing public, private and voluntary organisations[53] (Davies, 2006). This structures the actions of people with a learning disability not just through a general discourse but through a stressed allegiance and reciprocity to the geographical entity of 'community' (Miller and Rose, 1990; Rose, 1996).

[53] In chapter 3 I highlight a number of regional differences and schemes within which I conducted some of my research interviews. In this section I specify what the specific local schemes and organisations do.

CHAPTER 3: METHODOLOGY

This chapter details the methods that this thesis uses to analyse the interview and policy material. The thesis takes as its empirical concern three mentalities that are central to contemporary learning disability support. Firstly, *choice* whereby people with a learning disability are constituted as autonomous individuals making free choices. Secondly, that of *inclusion* whereby people with a learning disability are constituted as needing to be more included in communities through accessing normal situations and life experiences. Thirdly, that of *self-knowledge* where knowing and disclosing yourself is proposed as a key aspiration. The theoretical discussion and the three empirical analysis chapters that follow undertake a critical discussion of each of these mentalities. The three empirical chapters look at how contemporary learning disability policy discursively constitutes one of these mentalities and the logics used to underpin them. Following this, and drawing from interview research, each chapter discusses the situational aspects that constitute how each mentality emerges and plays out within different practices.

In this chapter the two methods (policy analysis and interview analysis) that this research uses are discussed including the theoretical reasoning behind the methods and the practical considerations of how each method was undertaken. Following this a third section discusses reflexivity, the political implications of the methodology and my own positionality. Finally, in the fourth section, leading on from the contextual discussion in chapter 2, I detail the specific situated contexts of the empirical research.

1) Policy Analysis

a) What policy is being analysed?

A core component of this thesis is the analysis of contemporary learning disability policy. Contemporary learning disability policy is being understood here as English policy including and after the publication of VP in 2001 and therefore this more detailed analysis follows the briefer historical analysis and contextualisation undertaken in chapter 2. This analysis includes therefore VP, the review of VP that

leads to VPN (DoH, 2007a) and VPN (DoH, 2009). However, the majority of analysis and written material focuses upon VP and VPN given that these documents are the actual policy initiatives. This policy was chosen because it presents a discursive shift in how learning disability care is to be provided within England. This shift is one in which learning disability care is now founded upon an agenda of individual independence (including the extension of this in the recent move, following VPN (DoH, 2009) towards personalisation). This thesis investigates how this shift produces a specific mode of governing. In terms of policy this individualism is being critically discussed through the three mentalities of choice, inclusion and self-knowledge. The policy is, therefore, analysed in terms of how these mentalities are discursively constituted and how they govern the actions of individuals with a learning disability when implementing this discursive constitution in practical strategies and techniques (as was highlighted in the introduction I use mentalities as conceptual linking devices between discourse and practice). Furthermore, where appropriate, this analysis is linked to wider policy in order to discuss the relationship between specific learning disability policy and general policy. In these instances the analysis will highlight both the continuation and divergence between different policies and flesh out the wider context of contemporary learning disability policy.

b) Aim of the policy analysis

This thesis differs in its analysis of contemporary learning disability policy to research which judges whether policy meets and puts into operation its own targets or judges the policies against predetermined criteria (see for example Robertson et al 2005, 2006, 2007). Such a style of analysis takes for granted certain normative assumptions and begins investigations from a pre-defined target (such as whether there are a certain number of individuals with effective person centred plans). Instead this thesis is interested in how learning disabled subjects are being discursively constituted. In other words, *this research investigates the rationales upon which policy bases its understanding of people with a learning disability.*

The work of Foucault forms a key influence in the style of policy analysis being undertaken because his work unsettles any foundation on transcendent ideals. This, as this section shows, provides purchase to critically analyse the logics behind

how the three mentalities operate. Foucault develops (drawing from Nietzsche) a genealogical approach[54] towards history critiquing traditional historical methods that aim to determine either a progression or a foundation to historical events. Instead, Foucault proposes "to record the singularity of events outside of any monotonous finality" (Foucault, 1984 pg 76) whereby history is not envisaged as having a discrete end point. That is, Foucault approaches history without envisioning either an end point or a starting point (Kendall and Wickham, 1998), and instead history becomes a mode of diagnosing the present (Rose, 1990). Here, history is utilised to disturb the taken-for-granted assumptions that operate in present conditions by allowing us to witness the contingent basis of these assumptions. This involves revealing "the secret that [things] have no essence or that their essence was fabricated in a piecemeal fashion from alien forms" (Foucault, 1984 pg 79). This genealogical approach destabilises any grand notion of history driven along by a founding concept, ideal or subject (either individual or collective) and destroys the primacy of original truths. Hence, "the universals of our humanism [or any other transcendent universals] are revealed as the result of the contingent emergence of imposed interpretations" (Dreyfuss and Rabinow, 1986 pg 108). *This philosophical influence informs the policy analysis through highlighting the importance of critically exposing underlying, discursively constituted, fixed 'truths' (which then are propogated as pre-discursive truths) as contingent modes of governing the actions of individuals.*

Therefore the aim of the policy analysis is to highlight and expose how policy governs the actions of individuals with a learning disability and what discursive 'truths' and assumptions function as the basis for this governing. In so doing a critical dissection of "the shackles of inevitability" (Marston and MacDonald, 2006 pg 8) is being performed. Hence policy is analysed in order to expose its contingent nature and show that, due to this contingency, this 'inevitability' can be *readdressed and changed.*

[54] This approach is in contrast to Foucault's earlier archaeological approach (Foucault, 2006). However, I am in agreement with Dreyfus and Rabinow (1986) who propose that this split is not definite as there are conceptual linkages between Foucault's later and earlier works.

c) *How the policy is analysed*

The policy documents are analysed by looking at how this policy conceptualises the turn towards person centred care and the strategies that this policy puts into play. This is done for each of the three different mentalities by reading through the policy documents to see how they enable each of the three mentalities to be actualised. The analysis here involves "an interrogation of the relationship between certain rationalities and techniques that make 'reality' knowable and hence governable" (Marston and MacDonald, 2006 pg 7). In other words, for each mentality, the analysis involved picking out the discourses used to describe individuals with a learning disability in relation to that specific mentality and the descriptions of the strategies and techniques that are to be deployed to enable the mentality to operate in practice (thereby using the conceptual notion of mentalities to link discursive constitutions with specific discursively defined practical implementations).

This policy is analysed and understood, however, not just as a discrete policy document but rather as a performative practice. Governmentality analysis applies Foucault's work to neo-liberal rationalities that operate within contemporary societies. These rationalities govern the conduct of subjects whereby 'in order to act freely, the subject must first be shaped, guided and moulded into one capable of responsibly exercising that freedom' (Dean 1999: 165*). This analysis takes social policy as an important strategy of governing aimed at styling the conduct of subjects within liberal governments* (Dean, 2006: Rose, 1990). A key aspect to this is the analysis of how certain mentalities become assumed and operationalised. Therefore policy is not addressed in a reductionist approach (by having a simple essential characteristic or mode of production) but is rather configured within multiple apparatuses of governing through a multitude of diverse actors and networks. In so doing this analysis intrinsically relates policy to the various practices and understandings that get construed within the policy, and understands policy and its discursive constitution as something that needs to be performed in order to be implemented.

Individual policy documents, therefore, are understood as a means of governing that operate through a conjunction with other policies and practices. Policy therefore is taken as a practice directed towards facilitating other practices in certain

directions. That is, policy works to produce certain rationales and certain mentalities (choice making subjects, for example) through the deployment of certain technologies of governing (person centred planning, direct payments and so on) and *that when operationalised can impact upon future policy through analysis and review procedures*. In terms of contemporary learning disability policy the lineage of VP and VPN unfolded through various modes of reformulation, inquiry, review, research and continuous assessment. These form the process of a discursive shift towards personalised support. VPN, for example, had a consultation period where professionals, families and people with a learning disability could comment and respond to the changes being made (DoH, 2007a, 2009). Indeed, as Clarke and Glendinning (2002) and Poxton (1999) highlight, learning disability care is a sector with one of the highest amounts of partnership working, inter-sectoral relations and non-governmental input. Therefore, the style of policy making and review procedures reaffirms a mode of governance that operates through requiring techniques of active citizenry[55].

Crucially this means that the policy is analysed for how it works upon the actions of others: as a practice (in that it is performed) that governs other practices. This thesis is not an attempt to produce an overarching investigation of every aspect of the documents because its conceptual concern is not solely with social policy, or with a specific policy. Instead, the focus is on how the documents variously constitute individuals with a learning disability and how they alter the actions of these individuals. In other words, I analyse how policy governs through enabling certain practices, thereby analysing the movement between discourse and practice.

2) Interview Analysis

a) Who is being Interviewed

Having selected the three mentalities of choice, inclusion and self knowledge in order to ascertain how person centred care is being actualised in practice, this thesis

[55] However, Clarke and Glendinning (2002) also propose that this networked mode of governance is complex and contradictory as methods to extend control through active citizenry, such as feedback mechanisms, review and complaint procedure,s can actually deploy in a rather hierarchical fashion as in practice these methods are often not followed or are ignored.

looks at how these mentalities are put into operation by *various care practitioners*. As such this research interviews practitioners who operate within different institutional spaces rather than people with a learning disability themselves[56]. The reason for this focus is that this thesis is interested in how these mentalities are being put into operation by practitioners rather than in an emancipatory style of research. As I highlighted in the literature review current social science research, particularly the field of disability studies, follows an emancipatory model of research.

> "The issue then for the emancipatory research paradigm is not how to empower people but, once people have decided to empower themselves, precisely what research can then do to facilitate this process. This does then mean that the social relations of research production do have to be fundamentally changed; researchers have to learn how to put their knowledge and skills at the disposal of their research subjects, for them to use in whatever ways they choose" (Oliver, 1992 pg 111).

In other words emancipatory research is the facilitation of empowerment through a fundamental change in research with research methods being there for the use of those being researched and empowered. Emancipatory research begins with a determination of what constitutes empowerment for various groups and aims, as far is possible, to bring about this empowerment through the research.

Unlike emancipatory research this thesis does *not begin with an initial belief in freedom and empowerment but rather aims to be critical of the governing affects of the assumptions that operate within the personalisation agenda.* The focus is on the relationship between policy and practice with this relationship used to expose and go beyond the assumptions and idealisations that are prescribed through the personalisation agenda. This involves abandoning the judgemental core to progressive ideals and not judging practices in terms of their ability to provide a certain level of individual empowerment. Therefore, I am sceptical of the suppositions that operate within notions of empowerment and progressive ideals. For this thesis empowerment is instead approached critically in terms of how assumptions ingrained within

[56] However, two people who had mild learning disabilities were interviewed but this was done in terms of their work as trainers or as employees of a service. One of the interviews, with Tim (see appendix 1), was used in this thesis.

empowerment discourses actually govern and alter the actions of those who being discursively constituted (both the practitioners and those with a learning disability). It is shown that an exposition of the practical actualisations of rationales of governing can enable a critical consideration of the taken-for-granted assumptions inherent in these rationales. By critically attending to the disjunctions that occur between rationalities of governing and the practical programmes through which these rationalities deploy, I show that "explicit theoretical and programmatic rationality thus enters into practices and may be deciphered within them, but never exhausts them" (Dean, 2006 pg 21).

This thesis takes a different critical route to that of emancipatory research which requires the voices of those with a learning disability to be foregrounded. Because the key context to this research is the relationship between discourse and practice *it is those who work to actualise discursive constitutions rather than those with a learning disability who were selected as interview participants.* These various practitioners were all chosen because they work to enable people with a learning disability to meet the new changes that the personalisation agenda brings around. 50 interviewees[57] were interviewed in total, working across 8 different types of practice, and amending table 1 (to make table 2) shows that I have used interview material from 40 interviewees with the number following the practice indicating how many interviewees interviews were analysed for that practice. In section 4 of this chapter and appendix no 1 I provide further detail of the 40 interviewees whose interviews are used in this thesis.

Personalisation Mentality	**Practices Discussed**
Choice	Citizen Advocacy: (4 interviewees) Crisis Advocacy: (3 interviewees) Group Advocacy: (3 interviewees)
Inclusion	Person Centred Planning Facilitation: (4 interviewees) Learning Disability Community Groups: (3 interviewees) Employment of People with Learning

[57] Not all of the interviews conducted have been used in the written part of this research.

	Disabilities: (4 interviewees)
Self-Knowledge	Training Practices: (10 interviewees) Front line support: (9 interviewees)

Table 2

The 8 practices were chosen in light of the new practical changes that the movement towards person centred care has brought about. In this movement policy directs new strategies that are to be used with people with a learning disability (for example PCP and advocacy) and new techniques for existing practices (for example training and front line support) to build into how they operated previously. Having decided upon the three key mentalities it was important to have a range of different practices discussed because some practices enacted one mentality much more than another. For example, the citizen and crisis advocacy practices work primarily on an individual's choice making actions rather than methods that encourage community inclusion. For the written part of the thesis the practices selected for each mentality were chosen because they clearly showed the specifics of how the practice worked to bring about the mentality and allowed a clear contrast with the workings of other practices.

The practitioners interviewed, therefore, were chosen because they worked, in some capacity, in one of these 8 practices. In each of the practices more than 1 interviewee was interviewed to make sure that there was consistency across the descriptions of the practice. However, some of the practitioners did not solely work in one of the practices (for example one interviewee worked as both a trainer and as a service manager), some of the practices were done in either a voluntary (citizen advocacy) or part time capacity (running community groups) and some practices are supplementary to the practitioner's main work (for example, PCP facilitation is usually done by senior support staff alongside their everyday support job). In the appendix, section 4 of this chapter and the empirical chapters that follow it is briefly labelled in what capacity the interviewee works and each interviewee is given a pseudonym (for example: Kate, Citizen advocate and citizen advocate trainer). This highlights, within each practice being discussed, that there are differentiations between each interviewee (in this example the interviewee also trains citizen advocates as well as volunteering as a citizen advocate). In the appendix (page 185) more detailed information on each interviewee is provided, including how long the

interviewee has worked in the role. If an interviewee works within two different practices each practice is taken separately and any information is taken only in relation to the specific practice that the interviewee was discussing at that instance. For example, one of the PCP facilitators also worked in a managerial context in a service. Only one interview was carried out however; quotations and discussion were treated separately depending on which practice the interviewee was discussing.

b) How the interviews were conducted

The interviews were set up by firstly sending out a letter (see appendix no 2). This stated the aims of the research, what would be discussed in the interview and that the interviewee would later be contacted to follow up the letter. If, after a couple of weeks, there was no response to the letter the interviewee was contacted directly about their interest. Following this, email and telephone calls were used to arrange when and where the interview would be conducted. However, during the interview research many interviewees provided names and contact details for further interviewees. These people were contacted directly. Combining these two methods allowed for a degree of professionalism in contacting new interviewees and a faster method for contacting others had been recommended. Getting access to the different types of people was relatively problem free as everyone was willing to be interviewed and most suggested further people to talk to.

The interviews were conducted at whatever time and place was chosen by the interviewee mitigated only by practical constraints (such as travel or time constraints). As such, the interviews were conducted across a range of different places: 22 interviews were conducted in the interviewee's offices, 15 were conducted in cafes, 4 were conducted over lunch at a restaurant, 2 within rooms in the university department and 2 in the canteens at the interviewees work[58]. This range of different locations meant that there were some interesting differences in how the interviews happened. For example, one interview was conducted in a café near to the interviewee's work but half way through building work began opposite the café and interrupted the flow of the conversation. In another interview the interview was set up

[58] Although this number of interviews equals 45 this is because a number of the interviews contained multiple interviewees.

with one crisis advocate, but this advocate invited other advocates into the room to be interviewed. This allowed me to efficiently interview a number of interviewees, but resulted in the conversation lacking a coherent narrative because different advocates would enter and then some would leave. A number of interviews were also carried out with more than one interviewee (6 interviews with 2 interviewees and 1 with 3 interviewees). These interviews presented a different dynamic because the interviewees would converse between themselves and add to points the other had made. This allowed these interviews to include joint information which is important on contexts where the two individuals worked together or with others (for example, Sasha and Jill discussed an individual who they had both worked together with as his PCP facilitators), but this also produced logistical difficulties because the conversational narrative would sometimes head off into directions that were not applicable.

Interview lengths were kept at the discretion of the interviewee with it made clear that the interviewee should feel free to stop the interview at any time if they did not like the questions or style of interview or if they had time constraints. The interviews were therefore of variable length (ranging from 30 minutes to 2 hours). If the interviewee was getting noticeably tired or was appearing bored with the interview, even though they had not expressed a wish to curtail it, the interview was finished as quickly as possible. The interviews were recorded using a standard Dictaphone which was placed in sight between myself and the interviewee. Acknowledgement for using any information and for using the Dictaphone was gained in speech before the interview and then in writing afterwards (see appendix page 187). It was made clear before the interview (in both the initial contact and directly before the interview) that the interview information was to be anonymous (including their names, names of any individuals mentioned, who they worked for, place names, and names of any institutions) and that, if they so wished, anything they said would be omitted. In the following quotations the names of the individuals interviewed, companies, institutions[59], places, and names of other people are anonymous. All participants agreed to these interview terms.

[59] Except major national institutions where the size of the institution would keep the interviewee and their information anonymous: for example 'CSCI'.

c) What questions were asked

The prescriptiveness of the interviewer's conversational style has been broadly categorised within methodology textbooks in terms of three varieties: structured, semi-structured and unstructured[60]. These vary according to the rigidity of questions and topics and the level of pre-determination of what is being researched. The interviews for this thesis were semi-standardized (or semi-structured) (Berg, 2007). I pre-wrote broad prompts and questions concerning the personalisation agenda in general and the individual's specific area of work in order to begin the conversation. These took the form of opening questions based on eliciting a general sense of what the interviewee did: for example "we spoke previously about what you do on the telephone but I was wondering if you could clarify and talk me through what you do on a day to day level". Alongside this prompts were pre-determined in order to enable the conversations to move onto certain themes. For example: "could you describe some of the strategies that you use to facilitate the people you work with make choices". However, during the interviews unplanned questions and discussions occurred based upon the interviewee's previous responses. Hence, for example, when an interviewee described a particular method they used to allow an individual to make a choice I responded to this by enquiring about the specificities of this method.

The questions asked focused on the specific practicalities of the practitioner's day-to-day work. The interest in practices comes from the motivation to realise that considerations of concepts, understandings, objects and interactions cannot be separated from the very material relations in which they are constituted (see for example Strathern (1991)). Hence the interview questions are concerned with elucidating *how the different practices constitute one of the mentalities in terms of the relational and material constitution of the practice.* This differs from research styles that propose that interviewing, or any other kind of research activity, is a method to extract knowledge from the world. As various criticisms have clarified (Latour, 2007: Law and Urry, 2003) the danger of portraying research as an extraction process is that the material constitution of practices, things and concepts are ignored and instead the extraction process bases the research upon finding something foundational.

[60] These three styles appear commonly across methodology textbooks but are often named differently. Patton (2002) calls them the standardized open-ended interview, the interview guide approach and the informal conversational interview.

Therefore, the interview questions were based on elucidating how things were being done (the different processes that people go through to bring about the three different mentalities within their practice) rather than the why: the motivations behind practices. This avoided the interviewees' judgements on their own practices because, while undoubtedly important for other research, for this thesis a focus on opinions would ignore the materiality of what is occurring and being enacted in each practice. Mol (2007, 2007a) describes this focus on opinions as perspectivalism. The danger of perspecativalism is that analysing perspectives and individual standpoints separates us from the world because each individual is portrayed as having a distinct, autonomous and detached perspective. As Mol (2007 pg 76) argues: "there they are: mutually exclusive perspectives, discrete, existing side by side, in a transparent space. While in the centre the object of the many gazes and glances remains singular, intangible, untouched". A focus on perspectives would ignore the aim of the interviewing procedure which is to establish the material specificities in how the three mentalities are being performed in practice. Therefore the interview questions focus on what the interviewee does and the relationships and situations in which they work.

This focus on practical questions also meant that undue distress to the participants caused by the interview process was minimised. By focusing on the practical aspects of their work, I did not aim to discuss the personal interpretations of the individuals (although the recounting of personal stories was a common theme used to explain how certain strategies work). This is of utmost importance within this particular field of research because many of the interviewees provide intimate support, work with vulnerable people and form close relationships with the people they work with. The interviews were carried out in a style that was not judgemental of their, or anyone else's, practice. A number of interviewees were initially suspicious about whether the interviews would be used to be critical or judgemental about the efficacy of their work. 5 interviewees explicitly asked, prior to the interview, for information on what types of questions would be asked. In these cases, to counteract this suspicion, it was shown that the interviews were not being done to assess an individual's work or their knowledge of personalisation strategies. Instead, it was asserted that the interviews were interested in the ways that they work and the specific

practical constituents of their practice. Furthermore, where appropriate the interviewee was provided with knowledge of the questions that would be asked[61].

d) How the interviews are analysed

The interview material is used, in this thesis, to highlight the different practical ways through which the three mentalities are being performatively enacted. As such the material is being analysed and quotations drawn out that show how each practitioner works to bring about choice, inclusion or self knowledge. Therefore, this research is styled in a particular analytical vein which does not judge current operations against a pre-determined idealisation nor attempts to provide description of all the different perspectives, voices, or practices that occur within the personalisation agenda. The reason for this is that *the interview material from the different practices is being used in contrast to show the specific contingencies of the material constituents of each practice.* The aim of this is to critically think beyond the governing rationales and assumptions that policy presumes through exposing these situational differences and tensions. An attempt to provide a blanket coverage of the operationalisation of the personalisation agenda would constitute a different project with a different methodological stance and would be extremely difficult considering that new forms of practices are continually emerging[62] and that there are many spatial variations to practices.

Due to this aim the methodology that was used to select which material to analyse involved foregrounding the practical descriptions of how each practitioner worked. Firstly, all the interview material was transcribed. Secondly, all the interviews were shortened by disregarding irrelevant material (material which was not related to the turn towards person centred care) and a few interviews were discarded (either through logistical reasons (one transcription was too unclear due to background noise) or through thematic reasons (i.e. no clear discussions of any of the

[61] It was made apparent to the interviewee that the interviews were not totally pre-determined and that questions would be asked depending upon their previous statements; therefore, all the questions and discussions could not be provided prior to the interview.

[62] For example, this thesis contrasts three different types of advocacy practice. However, in 2005 the Mental Capacity Act was released and this called for a new type of advocacy: that of an independent mental capacity advocate (initiated in 2007). The role of this advocate is to make choices on behalf and in the interest of individuals who are deemed to lack capacity.

three mentalities)). Thirdly, material which related to each of the three key mentalities was highlighted within each interview by looking at how the interviewees described the actions they would do and situations they were involved in to bring around either choice, inclusion or self knowledge. Fourthly, it was decided which practices would be analysed for each different mentality depending upon whether certain practices enabled one mentality more than another (see table 2). This included selecting practices which could be contrasted with each other to clearly show the differentiations involved in the operation of these particular practices. Fifthly, the material in each practice which corresponded to the specific mentality was focused upon and these quotations were drawn out for use in the specific empirical chapters. The analysis, therefore, consisted of a process used to determine how the practitioners, operating in specific practices, worked to enable a specific mentality. The testimony of these practitioners is analysed for the various practicalities and situated complexities that constituted how they work.

3) Interference, Reflexivity and Positionality

a) Politics of interference

Although the two methods analyse different empirical contexts, with this difference being key to the aims of this thesis, the theoretical underpinnings to both the methods inform similar political concerns, namely that the methods perform an interference in the practices that they attend to. In other words, both the policy analysis and interview analysis can be understood as an interference in the world rather than just an attempt to describe the world.

This concern is a key methodological argument that arises throughout both methods. Mol (2007) provides a reading of methodological literature which she argues has predominantly been concerned with a separation between the 'knower' and the world. She portrays a number of different approaches that work in terms of this split. She highlights a legislative style of method concerned with how method can produce *valid* knowledge and then argues that this was addressed by more *critical styles* that sought to show the subjective or interpretative bias of this validity by pluralizing this validity. Law, pulling in the same critical direction, sees a continuing

realist assumption within these two 'styles' with a foundation on the "sense that there is something out-there; and then, more specifically, that whatever is out-there is independent, prior, definite and singular[63]" (Law, 2003 pg 6). However, there then followed a third movement that analyses 'method' itself as a mode of inquiry (Lynch and Woolgar, 1990: Latour, 1996). Mol (2007) highlights this as a movement towards thinking critically about knowledge creation which involves considering exactly what it is that our methods *do*: "methods are not a way of opening a window on the world, but a way of interfering with it. They act, they *mediate* between an object and its representations" (Mol, 2007 pg 155).

This entails recognising that reality is not something independent and prior to us but instead is something we are currently making and remaking: "good knowledge, then, does not draw its worth from *living up* to reality. What we should seek, instead, are worthwhile ways of *living with* the real" (Mol, 2007 pg 158). In other words, the point is not to seek truthful representations of reality (representationalism) but instead good ways of re-presenting and re-forging the real (see Dewsbury et al, 2002). Crucially this respects the very embroiled messiness of the world (Bingham, 2006) and combats the repression of "the very possibility of mess" (Law, 2003 pg 3). In terms of this research, both methods do *not* separate out any concepts or transcendent subjects or objects from their very constitution in the world but rather engage with the contingent and material aspects of their focus.

Recognising the interference that the methods and the thesis as a whole performs is a crucial political point because, I argue, it is crucial to consider how we, as researchers, actively change and assemble the world. Recognition of this interference presents a specific political project. This project is one that rejects any attempt to discover a pre-determined world that is waiting for us to uncover, and instead recognises the multitude of material relations (including the relationships the researcher is embroiled within) through which things become assembled. The politics is one that argues for a need *to embrace the relational emergence of the world and not subsume this complexity underneath simple pre-determined, transcendent understandings*. This involves increasing:

[63] Importantly drawing from Mol (2007), Law reiterates the difference between a perspectival account where reality is still singular but has multiple perspectives and a truly multiple view of reality.

> "our sensitivity to the oft or as yet unrecognised politics of the material and the resulting challenge of what to do... [whereby] the analyst has more self-consciously involved her- or himself in interfering with reality and enacting other versions of events. However, in whichever mode such efforts at empirical philosophy are done..., we would suggest that a common feature is that they are precisely opposed to the u-topic no-place" (Bingham and Hinchliffe, 2008 pg 85).

This 'u-topic no-place' signifies a utopian and idealised non-contextual and non-situational proposal. In this 'u-topic no-place' knowledge is regarded as something that can be extracted from the world and as universal and non-relational[64]. By combating this 'u-topic no-place' there is a political motivation that is central to this methodology, and which is echoed throughout the thesis, to show that "*what works on one stage may not work on another*" (Law and Singleton, 2003 pg 6). This methodology work extends this political impulse because it is situated firmly within an empirical philosophy that is concerned with foregrounding the *relational and material occurrence of the world and critiquing the over-arching contingent assumptions that govern our actions.*

b) Reflexivity

The style of methodology undertaken by this thesis, and that underpins both of the methods, is therefore one that recognises the relational occurrence of the world and figures the research itself as something that interferes with the world and assembles the world in a certain manner. As previously shown, this produces an important political stance, but it is important to think reflexively about what this means in terms of the practicalities of the methods.

As Haraway (1991) shows, as researchers we inevitably interfere but this interference itself is not necessarily problematic but requires a consideration of what interferences we perform. To do this I apprehend this thesis as presentation or a performance. That is, I am choosing to present the research in a particular manner for

[64] Decontextualise could also be used here. However, I prefer the term unrelational because context can often be assumed as a pre-formed backdrop.

a certain aim and this is something that can be done but, as Mol (2007) makes clear, it does not have to be done. The thesis, therefore, is recognised as something that presents the world in a certain way. What I am undertaking therefore is an *interference that operates by highlighting specific relations and constitutions but ignores others*. Therefore, it is crucial to recognise that attending to other relations would have produced a different study (by including the voices of those with a learning disability, for example). Hence the three mentalities are chosen for the centrality they have to contemporary learning disability care but other ones could have been chosen (for example, equality). The 8 practices chosen are central to the focus on individualism and personalisation within contemporary learning disability care and chosen because they clearly show how specific and situational emergences constitute the governing mentalities. However, there are a number of other practices that were not chosen and would have enacted different relationships (for example, practices which enable direct payments to be provided). Finally, different interviewees for each practice could have been chosen and these interviewees would have highlighted different relations within their work.

I argue that the important point is to reflexively recognise that throughout this research decisions have been taken to interfere in a specific way and ignore other elements. The interferences that have been made are contingencies (in that I could have performed them differently) and these are part of how this thesis assembles and performs the world. Therefore, the thesis itself and the methods undertaken (policy analysis and interviewing) are themselves contingent and political modes of bringing about reality and, as Law and Urry (2003) show, it is important that we recognise the worlds that this piece of social science research is bringing about. For example, Gubrium and Holstein (2002) point out that the interview is a modern method for eliciting responses from individuals and groups (alongside other methods such as surveys and questionnaires) and can be positioned within contemporary modes of governing. Here they propose, drawing from Foucault and Rose (1990, 1999), that the modern technique of interviewing is set up in terms of giving an "'objective', 'scientific' cast to the notion of the individual self" (Gubrium and Holstein, 2002 pg 8) whereby an informing and self-reflective subject is construed. The point then is not to propose that the interviews in this thesis escape this concern, nor that any could, or that interviewing is hence a valueless method. Instead, the point is to recognise that

these interviews (or any method of research) are not just a research procedure but are a practice that politically styles and brings about reality in a certain way.

The reflexivity undertaken here then *differs from a reflexivity that stems solely from the individual who is doing reflection.* An understanding of reflexivity based solely upon a reflecting individuals runs the risk that the reflection re-affirms a division between the world and researcher because the researcher firstly extracts themselves from the world and then considers the difference their interference makes. In this logic, this extraction process allows one to specify exactly what the difference the researcher has made and how things would have occurred without the interference. Instead, the reflexivity I am undertaking is one that is rooted in the recognition of relationality that runs throughout this thesis. This reflexivity recognises that, as researchers, we are interfering but does not aim to expose the exact nature of this interference through attempting to extract the researcher from the world being investigated. These interferences are kept alive and recognised as the political push of this thesis. Because the political mode of research (what Mol (2007) terms 'ontological politics' (an explanation of this is provided in chapter 3)) undertaken in this thesis is one which critically exposes the contingencies currently at play within policy, and affirms the complexities of how governing plays out in practice, it keeps open the potential for things to change and be different. The aim of this is not to formulate a comprehensive overview of care practices or learning disability policy.

As such, the reflexive component is one which embraces the political push of this thesis and is concerned with keeping open the potential for things to be different: a politics of "tolerating open-endedness" (Mol, 2007 pg 83). This involves recognising the multitude of material relationships that the researcher brings about but *crucially* recognises the potential for different relationships to emerge and be forged and celebrates this potential. Therefore, by being open about the aim of what the thesis is and why certain decisions and assemblages are made the methods undertaken openly combat any attempt to prescribe a singular, transcendent way of doing things and instead actually performs a way of keeping open the potential for new ways of relating to emerge.

c) Positionality

Throughout this thesis I also draw from my own experiences and positionality within both the empirical research and the theoretical discussions. This is important to make visible (Katz, 1992; McDowell, 1992, 1994) because it exposes the knowledge that I bring to the thesis and how this affects the methodology of the thesis and, through this, what methods I have undertaken.

Prior to undertaking this thesis I worked extensively within the field of learning disabilities, firstly as a support worker within a number of both public and private sector care contexts for adults with learning disability. This included working within various supported living care homes (varying from communal residential homes to single occupied homes with floating support) and respite services (accommodation offered to individuals on a short term basis to facilitate respite from family support)[65]. In these jobs I supported people with a variety of different learning disabilities (and vastly differing abilities) with their daily living within the homes, within the general community and through enabling these individuals to access other services (for example, day services or specialist drop in evening centres). Crucially I began this work in 2001 and witnessed in practice the changes that the VP policy brought about, particularly the focus on person centred working. For example, within one of the residential care homes where I worked, I was trained in PCP and learnt about how to use this tool and some of the more specialised tools it incorporates[66]. Secondly, I also undertook charity work befriending two teenagers with learning disabilities and experienced advocating on behalf of someone with a learning disability and the complexities involved when representing their viewpoints. Again in this regard I witnessed how the changes towards person centred care were developing within the learning disability context, in particular the requirement for me to provide these individuals with as much independent, autonomous choice as possible.

My experience of working within the field of learning disabilities has provided me with a passion for supporting vulnerable people and enabling these individuals to improve their lives. I have also witnessed that VP (and later VPN) stresses that this should be done through strategies that enable these individuals to have more

[65] The landscape of these care spaces is discussed in more detail in chapter 2.
[66] I look at this in much more depth within chapter 6.

independent choice (DoH, 2001, 2002, 2009). However, throughout this experience I have seen the difficulty of this because the idealistic version of providing autonomous choice to produce an improvement in life is always played out through those providing support (whether they be parents, relations, befrienders or support workers). Indeed, for one of the teenagers I was befriending I began to be employed, through direct payments, by this individual when he became an adult. I experienced here how strategies such as direct payments aim to enable individuals with a learning disability to have more choice (in this case choosing who they employ to support them). However, I also experienced how, in this example, these direct payments were in fact negotiated through his parents' wishes, seeing how this supposedly and idealistically 'free' choice is deployed through the practical interference of others.

Nevertheless, I also witnessed that the lives of people with a learning disability were, at some points, being improved by these changes because these individuals were enabled to experience new situations and, in various ways, have more control over their lives. Through these changes I also saw that people with a learning disability were empowered to be more assertive and ask for support rather than being given what it was assumed they needed. Therefore, I experienced the improvements in the lives of people with a learning disability alongside seeing that the practical reality and constraints did not cohere fully to the idealism of policy. My own position and passion in this field therefore enabled the conception of this thesis because it provided me with a knowledge base in the changes that were and are happening within the field of learning disabilities.

I draw upon this positional and situated knowledge base (Haraway, 1991; Rose, 1997) throughout this thesis to make inferences about the practices being discussed and the interview material. For example, in relation to choice and advocacy, I draw from my befriending experience in order to ask questions about how the advocates worked to enable those for whom they advocated to make decisions and to understand the processes that they explain. Without this experience specific contextual elements about how different types of advocacy operate, for example, could have been missed. This situated knowledge base therefore enabled me to use interviews as an empirical method rather than needing more in depth participatory observation. Due to this, I was able to conduct a large array of interviews and discuss the procedures within many different practices rather than limit the breadth of the

thesis through using participatory observation. In other words, my own positionality enabled this thesis to have a broader and more ambitious scope by stimulating me to investigate the relationship between discourse and practice within a variety of different contexts of contemporary learning disability.

However, while clarifying my position is important for understanding the methodology of this research, I am wary about overemphasising my own positionality. Feminist geographers have raised concerns about representing women who are different from the researchers and thereby reinforcing a neo-colonialism (Nagar, 2002; Sultana, 2007). In wider methodological debates this involved recognising one's own situated, limited knowledge and not attempting to produce an objective form of knowledge (Haraway, 1991; Harding, 1991). While I recognise the importance of being open and honest about my own situated position, and that this positionality constructs my knowledge base, as feminist geographers have shown (Rose, 1997), there is a danger that we assume that we are able to understand fully our own positionality. I would instead argue that we are never fully able to understand our situatedness and its effects because we are always situated within the world and so cannot remove ourselves fully to observe our position[67]. If one overly focuses upon positionality, there is the danger of assuming that exposing one's situatedness provides a way to bypass subjectivity (because we can expose, understand and then act to negate our subjective interferences) and reassert objectivity into research. Furthermore, I have experienced that this focus upon exposing positionality is also apparent within the practice of the caring professions. Within social work, nursing and therapy (professions which work closely with people with learning disabilities) the importance of reflective practice and reflecting upon one's own position in the world is essential to contemporary practice. Drawing from Dewey's (1961) pragmatist theories (where experimentation is used to inform knowledge) and reflective models, such as Schön (1983), reflecting on one's subjective positionality has now been incorporated and solidified within policies and procedures. What is happening is ironically a reassertion of positivist understanding into subjectivist concerns, such that there is an expectation that the researcher or practitioner can fully acknowledge and understand their position and how it affects their work.

[67] An argument I have discussed in chapter 1 through literatures relating to the concept of 'practices'.

Furthermore, the contradictions and complexities surrounding positionality have been critically discussed within academic literature. This includes explorations of one's situated knowledge and how its produces changes within interactions. Therefore, as both Gilbert (1994) and Mullings (1999) show, in various research contexts and moments one can be an outsider, an insider, neither, both, or fluctuating between the two. Conducting the research interviews, I realised that I initiated the interviews using insider knowledge. However, in some of the interviews I was occasionally placed in position of outsider when the interviewees became unsure about my position and were suspicious about whether I was going to be using their answers to judge their practice. I also experienced that one's position is not a fixed determinant but rather is performatively enacted (Gibson-Graham, 1994; Larner, 1995). In some of the interviews the manner of questioning interviewees about their practice (even though I reassured the interviewees about the purpose of the interview) performed something similar to the monitoring and assessment procedures that the interviewees experience in their workplace. As I asked questions that sounded too interrogative, I noticed a reticence in some interviewees. Although both the interviewees and myself came from particular positions, these are not fully pre-determined and instead our positions became constituted through the research process itself (Gibson-Graham, 1994; Rose, 1997). Therefore, by exploring my positionality I have begun to insert myself into the narrative of this thesis but at the same time recognise that I fail, as Rose (1997) argues, fully to achieve this insertion because my self-reflection can never fully know or expose my own position or the complex and differing effect it has.

4) Situatedness of the Research

Having established the methodology that informs this research and explained the practices that this thesis investigates, I will discuss the specificities of the interview research. In particular I will discuss where the research was conducted, in what type of organisations and give a brief description of the practitioners involved. This is crucial because I will be making inferences from the research material and therefore want to show that the situatedness of the research participants affects the undertaking of my empirical research and analysis.

As tables 1 and 2 show, I conducted the interviews across a range of different practices. While I have labelled the practices in the tables to cohere roughly to different job titles, I want to clarify the specificity of the organisational and work context of each of the practitioners. The interviews were conducted in a number of geographic locations across England with the majority being clustered around either Bristol or the North West. The reason for this clustering was because I was based in Bristol and I had already established contacts though paid and voluntary work within the area and through a disability research and discussion network that I attended monthly within the University of Bristol. The second cluster was in the North West of England because I lived in this area prior to university and had worked extensively within the area prior to undertaking the thesis. The situatedness of the research practitioners will be discussed in regards to the three different mentalities that structure the discussion in this thesis. Appendix 1 provides a description of each interviewee that I discuss in this section.

a) Situatedness of practices: Choice

All of the interviews with advocates (citizen, crisis and group[68]), totalling 10 interviewees, were conducted in the North West of England. This is because prior to the thesis I had good contacts with both individual advocates and advocate organisations within this area through previous work experience. The advocates whom I interviewed all worked for specific advocacy organisations which provide the training and emotional support, as well as legal and insurance support, for the advocates.

The citizen advocates (Linda, Beth, Jane and Mary) are all volunteers (citizen advocacy is always carried out by volunteers) who worked through a citizen advocacy, charity organisation in the North West. The organisation provides initial training for the advocates and then initialises and matches an advocate with the individual for whom they will advocate. In terms of the everyday work of these advocates, the organisation then takes backstage because it is only there to provide additional training, emotional and functional support (through having paid members

[68] A description of what work and practices the different types of advocates do will be explained in chapter 4.

of staff who help the advocates sort out any problems) and support to either renegotiate an existing advocacy relationship or create a new relationship (if there are any changes or the relationship ends but the advocate wants to continue in the scheme). Furthermore, the citizen advocates highlighted that they have created an informal 'advocates forum' where some of the advocates meet monthly for support and socialisation. Here the organisation is situated outside the relationship between the individual with a learning disability and the citizen advocate because this relationship is expected to be primarily negotiated and forged on an individual level. However, one of the citizen advocates 'Linda' is also employed by the organisation on a part-time basis as a trainer and co-ordinator of other advocates, as well as being a volunteer citizen advocate.

The crisis and group advocate interviewees, on the other hand, are all paid members of their respective organisations (again based in the North West). I interviewed three crisis advocates, from one organisation, and three group advocates, from an organisation, and both organisations were non-profit charities. Within the crisis advocate organisation the three members (Samantha, Barbara and June) who I interviewed had all been involved with the crisis advocacy organisation for different lengths of time and worked in varying positions. Hence I interviewed the manager (June) of the organisation and a long term employee (Samantha, who, as well as working as a crisis advocate, also works in their office). However, in distinction to these two I also interviewed a trainee (Barbara) who had worked there for less than a year. This enabled me to discuss different aspects of the organisation and citizen advocacy practice. With the trainee, the discussion focused upon her experiences of joining the organisation, her training and how she was undertaking her initial crisis advocate roles. On the other hand, with the manager and the long term worker the discussion focused on the development of their practices of crisis advocacy alongside the management and structure of the organisation. Therefore I experienced the different knowledge bases from which the interviewees were drawing. In particular, this was highlighted by the manager of the crisis advocacy organisation who described a difficult and complex case, involving liaison with many different professionals and services (work a new crisis advocate would not have been given)[69].

[69] This is discussed in chapter 4 on page 100.

The group advocates that I interviewed (Peggy, Monica, Amy) worked for an organisation that provided many different services for local people with learning disabilities. They organised fundraising, awareness events and respite support, as well as providing advocates who work with groups of people with learning disabilities[70]. The group advocacy provision worked through the organisation advertising its service to the residents and staff in local residential homes and supported living communities. In this context I interviewed the three staff from the organisation that set up and ran the group advocacy project. However, the project was relatively new (two years old) and was based upon specific funding from the local authority for this project. In comparison to both citizen and crisis advocacy, group advocacy is not commonplace and is only run in certain areas where organisations have gained funding to roll out projects similar to the one that I accessed. The group advocate interviewees talked about how this project was going to be extended and that similar projects were going to be funded in neighbouring areas. However, the interviews were conducted before the 2010 election and the current cuts to social service budgets. Currently the group advocacy project is not continuing due to reduction in funding from the local authority (although the organisation still exists and runs several other projects). Therefore, the current political and economic situation is having a large effect on the provision of many services, in particular subsidiary services typically provided by the charity sector that are commissioned by local authorities (such as advocacy projects).

The geographic location of the advocacy interviewees, with all the organisations and individuals located in the North West, is an important situated context that effects this research. This is because this area has a large established base of charities that operate alongside social services (a base which is not as extensive or integrated with social services in many other areas of England) to provide extra support for people with learning disabilities. Indeed, one of the organisations with which I conducted interviews has also been instrumental in rolling out PCP for people with learning disabilities across England, but because they began this work in the North West have been more influential in this area.

[70] During my research interviews I became aware that, especially within not-for-profit organisations, diversification of work was commonplace and that many of the organisations had many projects currently running. As such I focus, in the empirical chapters, upon the specific practice that I am interested in. However, it is important to be aware that the practices I discuss are often not the sole work that an organisation or individual does.

b) Situatedness of practices: Inclusion

The interviews that were used to investigate how inclusion is being practically enacted were conducted in the North West, around Bristol and two in London. Unlike the advocacy interviewees, these interviewees were not accessed through contacts who I already knew prior to the research. Instead, they were accessed through internet searches and sending out letters.

The four PCP facilitators interviewed worked within different contexts. 'Jenny' was a paid worker for a charity, within the North West, that was commissioned by the local authority to provide independent PCP for the individuals that it supports. Therefore Jenny, and other employees from this organisation, would not know the individuals for whom they facilitate PCPs. However, Erica worked within a local authority supported living service in the North West, while both Jill and Sasha worked at a private residential home within Bristol. Therefore, these three interviewees, unlike Jenny, were not independent in their role as facilitators of PCP because they were employed by the service that also provided support and accommodation to those with whom they facilitated PCPs. In these situations the interviewees knew beforehand the individuals with a learning disability with whom they worked to produce a PCP. This situational difference was particularly noticeable in the quotes from Erica because these show that her practices of facilitating PCP involved liaising and organising staff within the service where she worked. On the other hand, Jenny's use of PCPs operated predominantly outside of the service that provides residential support for the individual with whom she personally works. The differences between the local authority service and private homes were not as apparent, in relation to PCP facilitation, because within both contexts it was stressed that being person centred and enabling PCP for all their residents was a key ethos of the home. Furthermore, within both contexts it was apparent that inspectors would assess the level of PCP use during their inspections[71].

The three interviewees (Debbie, Robyn and Cheryl) who worked to enable community groups were all paid staff members of charitable organisations, with two (Debbie and Robyn) working on the same project for a charity in the North West and one (Cheryl) working for an organisation around Bristol. Similar to the group

[71] I discuss the importance of inspection in chapter 6 in relation to self-knowledge.

advocacy projects, both of these projects were ones funded by specific pots of money that became available for specific needs. As such, unlike practices such as PCP (which are inspected and enforced by practice guidance), the use of group projects to enable inclusion into communities is developed much more locally. Therefore, I saw the particular geographical localism that I discussed in chapter 2 where local commissioners (driven by national targets and good practice guidance) choose from a range of providers depending upon need and availability of funds. However, alongside local authorities paying charities to run such projects, an individual charity can self fund projects or projects can be funded through national schemes with ring-fenced money[72] or larger charities[73] funding a project. As such, the interviewees on both projects highlighted that these projects were run on a yearly basis, then evaluated, and then re-commissioned if money was available. The interviewees from these charities highlighted that one of the difficulties was that there was a constant drive for innovation and commissioning new projects such that, even if projects were evaluated as successful, new projects would often take up the budget because funding bodies wanted to be seen to innovate. Furthermore, the current cuts are affecting the funding for projects such as these and currently both the projects interviewed were not running (although the organisations which run the projects still continue).

The four interviewees (Brenda, Kate, Sue and Fay) whose interviews were used to discuss the enabling of people with learning disabilities to be employed worked in three different settings. Firstly, Brenda, the manager of a learning disability charity based in London has been in this job role for four years but has also worked within this field for over ten years. She therefore brought a lot of knowledge and experience of changes in learning disability policy and ethos over the previous decade including the emergence of the importance of person centred thinking and individualism. She used this experience to explain the impetus behind the importance of her organisation employing people with learning disabilities. This long term experience was also apparent for another interviewee, Fay, who had previously worked within statutory learning disability services but now runs a private company, in the North West, which delivers teaching and training to learning disability care

[72] However, as I discussed in chapter 2, the continual movement towards localism that is being increased by the Coalition government means that these larger national schemes with their funding ring-fenced for a specific project are declining.

[73] For example, Mencap or the British Institute of Learning Disabilities are large organisations that will commission projects through smaller local organisations.

homes. She draws on her knowledge stock from delivering this training, alongside also prior experience, to recognise the limitations and difficulties in employing someone with a learning disability to be a trainer. The two other interviewees (Kate and Sue) worked for a charity around the North of England that provided training for care homes and self advocacy support, and ran various projects aimed at supporting individuals with a learning disability to be included in communities and engage in activities.

c) Situatedness of practices: Self-Knowledge

The interviews that were used to investigate the mentality of self knowledge were conducted across a range of services in the North West and Bristol. Most of these interviews were set up through either previously known contacts (for example through people I had worked with) or through contacts that I had made through previous interviewees (this was especially used in relation to training and teaching practices).

I interviewed ten people (Carol, Claire, Wayne, Gavin, Brian, Tim, Joan, Heather, James and Andy) about their training and teaching practices. These individuals worked across an array of different contexts. Three (Carol, Claire and Wayne) of the individuals work for a charity in the North West that specialises in delivering training on person centred working. This training includes broad training on person centred approaches and practice in general and more specific PCP training. This organisation will deliver the broader and shorter training courses on understanding person centredness to all the staff within a service, and then will also deliver specialist PCP and tool based training to staff who will become PCP facilitators. This format is similar to the training provided by three other interviewees (Gavin, Brian and Tim) in the Bristol area. However, this Bristol charity organisation always involves people with learning disabilities as trainers in order to provide a voice of experience within the training. Indeed, one of the interviewees from this organisation, who delivers this training, Tim, has mild learning disabilities and he specifically highlighted that he used his experience of receiving services within the training to aid self-reflection. Two of the interviewees (Joan and Heather) worked for a private organisation that delivered training packages to services. In this context,

there are a number of key differences between the private and charity companies. Firstly, the private company uses specific registered training approaches and gives specific registered packs to the services that pay for its training. The private company also offers a wider range of training programmes from which a service can choose. One of the individuals, Andy, is self-employed and delivers a variety of different training packages. He also delivers modules for a university course for student nurses. Furthermore, Joan also runs a module for a university course specialising in communication with people with learning disabilities and other special needs. This course is generally for qualified nurses who wish to specialise in specific areas of nursing. Therefore, in this field of training, similar to the networked geography of policy formation highlighted in chapter 2, there are a diverse number of stakeholders and some individuals and training ideas pass between these stakeholder sites.

In relation to the provision of front line support for people with learning disabilities, I interviewed nine interviewees (Emma, Karen, Deborah, Ellie, Toby, Lucy, Jeremy, Tina, Laura). Four of the interviewees (Karen, Deborah, Ellie, Toby) work within a private supported living context in Bristol and four interviewees (Lucy, Jeremy, Tina, Laura) work within a local authority run supported living accommodation in the North West. Both organisations are inspected by regulatory bodies and have to conform to national standards, including standards of providing individualised support packages. However, the private supported living accommodation is freer to alter its service provision because it does not have to conform to NHS or local authority pay scales and has a less unionised workforce. Therefore, private workers are often paid less but there is often more variation and innovation in work roles. For example, in the private organisation where I conducted the interviews there was often more scope for individuals to be employed on a part-time basis for specific support situations (for example, supporting someone one-to-one during the day instead of that person going to a day centre). Across both the local authority and private context, the different interviewees had specific job roles. Three of the interviewees (Deborah, Tina and Lucy) worked as support workers (with one being a senior support worker which involved her having more responsibility and taking more of an organisational role) and three of the interviewees (Ellie, Jeremy and Laura) worked as group leaders. The support workers work by directly providing people with learning disabilities the support that each individual needs. The group

leaders, however, lead a group of support workers and organise the day-to-day running of the supported accommodation.

Two of the interviewees, Toby and Karen, alongside their role as group leaders, also had roles that specifically related to PCP. I interviewed these two people about their role of enabling PCP to be deployed within their respective services rather than their other work requirements. One of the interviewees, Emma, is a senior support worker within a day service. Unlike the other front line support contexts, this context does not involve the provision of accommodation for people with learning disabilities but instead entails a drop-in daytime service for people to attend. Notably, day service provision is currently being scaled back (an initiative that VPN enforced) and, in some instances, closed due to the continuing pressure of both local authority money saving alongside a rhetoric of individual choice (i.e. that individuals should choose how to spend their days rather than go to a general day service). Furthermore, these services, as I explained in chapter 2, are being changed through a new spatial organisation, produced through inclusion, localism and budget cuts, whereby local commissioners are attempting to produce more inclusion in local areas through minimising specialist services.

CHAPTER 4: THEORY

So far this thesis has established that contemporary English[74] learning disability care focuses upon the individual with a learning disability as someone who is to be an active participant in their own care and support. This, it has been shown, involves a discursive constitution of the individual in terms of individual independence and, as I have shown in chapter 2, has a specific historical and geographical context. Within this discursive deployment, services and support (including wider cultures both within institutions and within communities) are being tailored to fit around the individual and their preferences across a number of practical strategies (for example, PCP) (DoH, 2001). This thesis interrogates this context through an analytical lens which aims to open up the (now perhaps obvious) debates over the relationship between discourse and practice. The three theoretical influences that form the conceptual analysis are Foucault, Mol and Deleuze[75]. It is the intention of the thesis to show that each of these three thinkers provides a different, but related, intersection with the relationship between discourse and practice. This chapter takes a narrative through these three thinkers in order to highlight their different approaches, their similarities and the specific applications that they can help us make in the context of learning disability care.

I aim to use the three thinkers as both: an analytics, that is as different approaches to analyse critically and to clarify how I conceptualise the relationship between discourse and practice (explored here through three key concepts: 'governing', 'practices' and 'the new/creativity'); and as a provocation to the empirics, that is as a way to unsettle and reinterpret empirical data about current practices relating to learning disability care. However, in taking such a route and using these thinkers in both a provocative manner and in terms of the terrain in which they intersect, I realise that I produce an inevitable partiality concerning the work of these three thinkers. This is particularly relevant in regards to Foucault's work. Foucault's most direct engagement with learning disability is in regards to the emergence, around the C19th, of the categorisation of individuals leading to concepts

[74] As I showed in chapter 2 this English policy is similar to policy across Britain.
[75] A number of other subsidiary theorists are used to inform these discussions (for example, Esposito, Latour, Canguilhelm and Bergson).

of 'idiocy' and processes of institutionalisation. While I have briefly engaged with this literature in chapter 2, and, throughout the thesis, have highlighted the continuing relevance of discrete categorisations of learning disability within the emergence of more fluid and scalar categorisations, I take a more partial reading of Foucault. In this reading I plot Foucault's ideas around sovereignity and classification in terms of the changing modalities through which people are created as subjects. This means that I largely ignore his work on the classification of the 'idiot', but rather develop my own 'Foucaultian' landscape based on showing how discrete designations of subjects operate within a current field of governmental and biopolitical power relations.

This chapter begins with the application of Foucault's work to inform a critical discussion of how the dominant discourse in contemporary learning disability care governs the lives of those with a learning disability ('governing'). Following this, the work of Mol ('practices') is used to highlight the reason for foregrounding practices. This involves showing that foregrounding practices exposes the situated enactments of how things contingently come to be brought about, and, crucially, showing that whatever is brought about cannot be separated from this emergence in practice. As a consequence of this emphasis on emergence, the argument turns finally to Deleuze's philosophy ('the new/creativity') to show why there is a critical need to recognise that the world does not have a singular foundation but is something that is always performatively becoming. As such, the aim is to show that the emergence of singular events of care in learning disability programmes contains the potential for new creativities to be actualised and new subject potentials for those with learning disability to be affirmed. Finally, I summarise the journey I have taken through the philosophy of these three key thinkers and highlight their different geographical implications. However, I also argue that I am using Deleuze's relational philosophy as a critical 'corrective' to the localised alertness within Foucault and Mol's work. I explain that, while a different 'localised' project could be pursued using solely Foucault or Mol, turning to Deleuze is important for this thesis because I want to grasp the particular spatial formations, involving movement across diverse sites, that the individualism within contemporary learning disability care produces.

1) Foucault: 'Governing'

a) *Biopower and Sovereignty*

The work of Foucault, as previously discussed, provides a means to critically apprehend how the discursive constitution of contemporary learning disability care governs the lives of people with learning disabilities. I use Foucault's work to clarify how this discourse, which works through conceptualising people with learning disabilities as independent individuals, is altering the actions of these people. It has been established that Foucault's work produces a narrative that exposes the means through which subjects are created through power relations: crudely, this is what Foucault terms 'biopower'. Furthermore, it has been seen how the operation of these power relations is explained through two particular, historically emergent, formations: discipline and biopolitics. The key aspect of this conceptualisation of power and subject formation is that it enables me to apprehend how people can be manipulated and their possible actions styled in certain ways due to their freedom and ability to act, rather than in spite of it.

In this landscape of biopower it is life, and the assumptions about what life entails, that are at stake. Individual life (discipline) and the life of a population (biopolitics) are subjected to mechanisms of power. Through the operation of these mechanisms life itself becomes subjectified (hence Foucault's (1998 pg 143) assertion that "modern man is an animal whose politics places his existence as a living being in question"). Using this schematic to analyse the discursive context of contemporary learning disability care exposes the ways in which people with learning disabilities are now being understood in terms of the actions of discrete individuals (with independent choices, needs and aspirations), and which are thus being configured as individuals in relation to a general population (with a focus on equality and universal rights). VP accentuates this in its introduction: "*Valuing People* is based on the premise that people with learning disabilities are people first. We focus throughout on what people can do, with support where necessary, rather than on what they cannot do" (DoH, 2001 pg 14). Therefore, there is a focus on the independent actions of individuals alongside an understanding of these individuals as having the same essential qualities and rights to be independent individuals as everyone else: they are

'people first'. I propose that analysing the discursive context of contemporary learning disability care as an amalgamation of disciplinary and biopolitical power shows that this care operates upon, and constitutes, the living capacities of individuals.

The way that this discourse works, therefore, operates upon and through the freedom of individuals. However, certain boundary defining operations are still being put into play: the structures of care still require the label 'learning disabilities', and there are still sovereign legal limits. To cite an example: the legal status of 'capacity' (following the Mental Capacity Act 2005) is implemented to determine who (and under what circumstances) has capacity to make individual choices and who does not[76]. For Foucault the continuation of sovereignty (albeit one in our modern liberal age that is inflected through biopower) is an important component of how people are governed. Foucault stages this relation between biopower and sovereignty (and the sovereign ability to procure death) most expansively in the lecture series *Society Must be Defended* (2004) through a specific conceptualisation of warfare.

War, Foucault (2004) argues, is the playing out of power struggles that are the integral components of social relations and therefore war is apparent in day-to-day relations. This warfare is the relationship of sovereignty to biopower and operates through the same derogatory placement in society by which people with a learning disability suffer biopolitical disciplinary relations that lessen their capacity to be in that society. In this configuration, warfare is disentangled from being solely a sovereign power to being apparent within the whole apparatus of government. Therefore, both disciplinary and biopolitical mechanisms of power are new modes of warfare where conflict is dispersed throughout the social body (a "silent war" (Foucault, 2004 pg 16)). Warfare, in this sense, is the battle of forces that is inherent in all power relations. However, Foucault poses a question to his configuration of biopower and warfare:

> "How, under these conditions [of biopower], is it possible for a political power to kill, to call for deaths, to demand deaths, to give the order to kill, and to expose not only its enemies but its own citizens to the risk of death? Given

[76] This involves the creation of Independent Mental Capacity Advocates who work to designate those without capacity and act on their behalf

> that this power's objective is essentially to make live, how can it let die? How can the power of death, the function of death be exercised in a political system centred upon biopower?" (Foucault, 2004 pg 254).

The answer to this provocative question is what Foucault terms: 'racism'. It is through racism that sovereignty re-enters the biopolitical-disciplinary relation. Racism enters into the terrain of biopower through the act of fragmenting the biological field into groups. That is, racism is the establishment of boundaries between different groups within a population. Further, racism establishes a link between life and death, in that to extend life (in terms of making life "healthier and purer" (ibid pg 255)[77]) the racist mechanism puts into play the idea that death to others must be tolerated. Thus death is brought into the operation of biopower through a racist division of "what must live and what must die" (ibid pg 254). This separates out the biological domain whereby enemies are construed as *threats to life* and allows sovereign warfare and death to exist within biopower. The sovereign right to take life is, henceforth, unleashed through biopower without invalidating the internal logic of biopower (the furthering of life). In other words, racism justifies death within biopower by appealing to the potential to extend and regenerate the life of a favoured group or population.

The relationship between the warfare of biopower and that of sovereign war is summarised by Coleman and Grove (2009 pg 493-494). They explain that what is being mobilised here is:

> "a *triplet of wars* constitutive of the normalizing society: at the core, a biopolitics centered on managing and regulating "the ratio of births to deaths, the rate of reproduction, the fertility of a population, and so on"; and, on the margins, a "corrective" war against individual bodies as well as a "genocidal" war which "justifies the death-function in the economy of biopower by appealing to the principle that the death of others makes one biologically stronger" (page 258)"

The Nazi state characterises the extreme of this triplet where the sovereign 'genocidal' war is brought into, and *completely* aligned with, biopolitical and

[77] The allusion to Nazism here is no coincidence. Foucault later states that "the most murderous states are also, of necessity, the most racist" (Foucault, 2004 pg 258) with the Nazi state being the extreme exemplar.

disciplinary figurations of war (Foucault, 2004 pg 260). In a contemporary liberal context, this terrain of warfare shows how modes of governing that extend life can still co-exist with the potential for death (the most prominent contemporary analysis of this relationship is in terms of state security and terrorism (see for example Dillon and Lobo-Guerrero, 2008; Hannah, 2006; Martin, 2010)). However, I argue that this narrative shows how *any* reductive and divisible sovereign mechanism that lessens the extension of life does not necessarily invalidate, nor can be totally subsumed by, the liberal manifestations of power that extend life.

For the empirical context of this thesis the concept of warfare in Foucault's work is still important. Firstly, it enables us to see how historically the state removal of people with a learning disability from general societal spheres has operated as part of a mode of operation to strengthen and reinforce normal society[78]. The legacy of this historical institutionalisation still has large ramifications for many English people with learning disabilities, in particular, through the lasting effects of both a lack of voice and control over their lives. Secondly, despite contemporary learning disability care focusing on freedom, inclusion and equality, there is still a core undertaking, as I explained in chapter 2 by highlighting the places and practices of assessment and categorisation, that distinguishes and specifies those with a learning disability (DoH, 2001). Furthermore, in the movement towards personalisation (DoH, 2009), there is further specification of certain core groups who need to be targeted (those with severe learning disabilities, complex needs and ethnic minorities). These delineations are part of the discursive extension of individual independence and the rights and freedoms that non-learning disabled individuals are seen as having to those with a learning disability. Foucault's conceptual narrative, through linking sovereign warfare with biopower, provides the means to apprehend that contemporary learning disability care, although not in any way justifying death for those with a learning disability[79], still places an ideal of providing universal rights and access to normal experiences upon a distinction about *who* needs this provision. As I show in the three empirical chapters (chapters 5, 6 and 7), this works by discursively constituting a pre-discursive

[78] I deal with this history in chapter 2 and chart various discursive constructions of learning disability. The discussion of the importance of eugenics is particularly relevant here.

[79] There is undoubtedly an important historical aspect to the delineation of those with a learning disability that, in various circumstances, has moved more towards death and the denial of life. The extreme of this is, of course, the Nazi death camps where there was an explicit genocide of those deemed mentally deficient.

individual based on an ideal of a 'normal' non-learning disabled individual and thereby re-affirms the delineation between learning disabled and non-learning disabled. Crucially, I argue, this allows one to attest that the discursive rationality based on independent individuals involves a delineation that specifies who is different from a 'normal' individual.

b) Governmentality

For Foucault these multiple and conflicting strands of power and subjectification operate through the analytical concept of governmentality. Governmentality is crucial because it fits together the workings of the different power relations, provides a purchase upon a specific modern liberal manifestation of government, and enables an understanding of what 'governing' entails. Foucault (2008) positions biopower in reference to the specific historical context of the rise of liberalism, and the associated mechanisms of power, in the C18th. Liberalism interjects a rationale of the economic man (*homo economicus*: man who has a sole basis in self interest[80]) into the sovereign state. The effect of this interjection is that "*homo economicus* strips the sovereign of power inasmuch as he reveals an essential, fundamental, and major incapacity of the sovereign, that is to say, an inability to master the totality of the economic field" (Foucault, 2008 pg 292). In terms of the state, this liberalism is manifested in the logic that the preservation of the individual's selfish interests is good for the state as a whole. This involves, therefore, an extension of the domains of *homo economicus* into realms that are not purely economic.

Given this emergence, and the relaxation of the sovereign's power through the interjection of liberalism, the question that Foucault then addresses is: how are subjects then being governed? For Foucault the management of independent actors, nevertheless, still operates within a field of state intervention through the controlling

[80] Foucault extends the economic interest supposed by *homo economicus* to any activity in which rational conduct becomes the predominant reasoning (Foucault, 2008 pg 268-269). Further we can witness how this links with Foucault's earlier work in, for example, *The Birth of the Clinic* (Foucault, 2005) where he positions the changing historical landscape of medicine with a specific rationality based on visibility entering and reconfiguring medical discourse. Hence rational experience defined the medical field: "it was also necessary to open language to a whole new domain: that of a perpetual and objectively based correlation of the visible and the expressible. An absolutely new use of scientific discourse was then defined: a use involving fidelity and unconditional subservience to the coloured content of experience – to say what one sees; but also a use involving the foundation and constitution of experience- showing by saying what one sees" (Foucault, 2005 pg 242).

of civil society. Here civil society "is the concrete ensemble within which these ideal points, economic men, must be placed so that they can be appropriately managed" (Foucault, 2008 pg 296). This 'civil society' is, then, a contingent construct. It is a governmental structure designed to facilitate the control and organisation of men (designated in liberalism as economic man). Liberal governmental formation, therefore, operates for Foucault (2008 pg 312) in terms of rationalities that govern individual actors working in terms of their own rational interests. However, according to Foucault, the key is that *this liberal governmental rationality is not endemic or eternal; it is emergent and continually needs to be brought about in practice*[81].

Governmentality, then, is the analytics of how governing operates through installing and concretising modes of thought: a linking of the concrete assemblages of governing (for example, civil society) with rationalities of thought (*homo economicus*). This "semantic linking of governing ('gouverner') and modes of thought ('mentalité')" (Lemke, 2002 pg 50), in specific contingent emergences, is what governmentality takes as its object. Here conduct is the central investigatory term because it is the styling of an individual's conduct that links assemblages of governing and rationalities of thought. The styling of conduct is what Foucault terms government. Hence, as Foucault (1997, 2000, 2007) continually asserts, his work provides a means to unpick various modes of government, especially when government is understood "in the broad sense of procedures for directing human conduct. Government of children, government of souls and consciences, government of a household, of a state, or of oneself" (Foucault, 1997 pg 81). Governmentality, as the analytics of government, analyses the conjunction of different power relations (for example, sovereign, disciplinary, biopolitical) that shape our conduct. *Contemporary subjects are shaped by a changing network of these different strategies* (hence these different modes of government are not oppositional: liberal government, for example does not require the complete eradication of disciplinary rule). However, as we saw in chapter 2, there is historical specificity (c.f. Huxley (2007 pg 187-188)). Therefore, there are specific rationalities and strategies of governing that constitute liberalism. This, crucially, allows Foucault to analyse changing forms of government without recourse to fixed epochal determinations of power relations: "governing people... is

[81] Foucault, also, for example, highlights that there exists a Marxist styles of governmental rationality that governs through manifestations of truth (Foucault, 2008 pg 313). Hence, he shows that different governmentalities operate through different rationales of thought.

always a versatile equilibrium, with complementarity and conflicts between techniques which assure coercion and processes through which the self is constructed or modified by himself" (Foucault 1993, pg 203-4).

Governmentality, crucially, provides a clarification of Foucault's intellectual terrain by linking the study of technologies of power with analysis of the forms of knowledge that underpin these technologies. In other words, through governmentality we can witness how contingent concrete assemblages of governing emerge alongside contingent rationalities and install assumed modes of thought and understanding thereby shaping the lives of subjects (Lemke, 2002). What this means for analysing contemporary learning disability care through the relationship between discourse and practice is that it situates 'governing' as a meso-level concept that links strategic practices with discursive regimes. In other words, the altering and management of what individuals can do happens through specific practices that act upon the actions and conduct of these individuals through these practices implementing certain discursive rationalities of thought. Within learning disability policy the discursive promotion of individuals as independent beings gets deployed as, and through, a specific language that focuses upon the potential for each individual to act independently. For example, phrases such as 'individual choice', 'better life chances', 'opportunities', and 'self control' are at the forefront of this policy (DoH, 2001, 2009).

The promotion of individual independence occurs through the implementation of a number of new practices (these include PCP, direct payments, Connexions services[82], information help-lines and an increase in advocacy provision (DoH, 2001)). These practices cut in upon and manage the actions and conduct of people with a learning disability by construing the means for these people to behave more independently and have more self control. For example, direct payments are where an individual is provided, directly, some of their own benefits. From this they are then provided support to use this benefit payment to purchase services that they choose. PCP involves an individual controlling a planning process through which the individual makes choices, controls their support needs and states their future hopes and aspirations. This includes the individual controlling who they want involved and

[82] With the recent Coalition government implementing public sector cuts and a move to more localism (where as I showed in chapter 2 local authorities can decide what services to commission) many Connexions services have now been shut by local authorities.

setting up a personal timetable for action (DoH, 2002). *VP* highlights the extension of Connexions services (a service for young people enabling them to make the transition from school to work, training or further education) into learning disabilities. Here specialist Connexions advisors are provided for every young person with a learning disability to 'enable them to express their choices, know what they want to do and have confidence in their life' (DoH, 2001 pg 42-43). Although these strategies will be discussed in more detail in the following chapters it is apparent that these strategies revolve around enabling the individual with a learning disability to be independent and more active in their own personal support. The mode of governing here alters corporeal capacities and conduct (enabling people with a learning disability to engage in choice making situations, for example) by extending and guiding them, rather than acting upon pre-defined materialities (see Rose, 2007).

Academics, influenced by Foucault, have critically addressed the various contemporary movements towards individual freedom and the multiplication of an ethics of living where individuals are expected to foster and nurture themselves (and those around them[83]) (see for example Rose, 1999, 2007). Rose (2007 pg 25) argues that "this is an ethic in which the maximization of lifestyle, potential, health, and quality of life has become almost obligatory, and where negative judgements are directed toward those who will not, for whatever reason, adopt an active, informed, positive, and prudent relation to the future". Here it is crucial to highlight that the governing that occurs through the implementation of a discursive regime that understands the individual in terms of its independent capacities is *actually a contingent emergence that manipulates and styles the conduct of the subjects being constituted within it* (by enabling people with a learning disability to be more active in their own support and to behave as independently as possible). Hence "individual freedom, in appropriate forms, is here a technical condition of rational government rather than the organizing value of a Utopian dream" (Burchell 1993 pg 281). The focus on the independence of the individual, analysed as a discursive construction (through the work of Foucault), is, therefore, exposed as an assumption about subjects that rationalises and orders actions rather then just an advancement of human sympathy. In the following three chapters this discursive rationality is critically

[83] As Rose (2007) highlights this ethic, for example, constitutes women as family nurturers, in that, as mothers they are expected to maximize the health and vitality of those within their family.

analysed in terms of the three governing mentalities that it is deployed through. Furthermore, it is explained in these chapters that this mode of governing and the ordering of actions is not only a contingent rationality but is, because of its basis of an assumed normality, a potentially dangerous deployment.

c) Biophilosophy: Agamben, Hardt and Negri, and Esposito

The reason for using Foucault as a key analytical figure is that his work provides a means to analyse the specific situated empirics of how contemporary learning disability care operates discursively and in practice. Foucault's work, in particular his concern with biopolitics, has to date largely been engaged with philosophically through three different biophilosophical works (Giorgio Agamben, Michael Hardt and Antonio Negri, and most recently Roberto Esposito[84]). These different works produce three distinct, politicised metaphysical readings of biopolitics and the controlling of life. Critically contrasting these works with Foucault's highlights the importance of Foucault's work analytically, but also enables us to establish a philosophical background that extends the debates further, as will be shown in the section concerned with Deleuze.

Giorgio Agamben, as various reviewers (Coleman and Grove, 2009; Esposito, 2008; Lemke, 2005) argue, produces a distinctively pessimistic reading of biopolitics. Key to this pessimism is Agamben's argument that the political turn, in modernity, to ordering and re-constituting biological life is, in fact, a continuation of sovereign power. This continuation of sovereign power is, according to Agamben, manifested through the continued application of 'bios' (political life) to 'zoe' (bare life). This plays out through political life always excluding bare life in what Agamben calls the 'sovereign ban'. This ban is the ability of sovereign power to exclude whomever from its law: to exclude zoe from bios. Those who are excluded Agamben labels as *homo sacer*. These are individuals or groups who can be killed without it being murder: the "walking corpse" (Agamben, 2002). Although the homo sacer is the horrendous limit to this sovereign power, biopolitics, for Agamben, *requires* this exclusion of zoe, and, as such, we are all figured as having the potential to be excluded via the sovereign ban

[84] There is discussion on both Agamben's and Hardt and Negri's different utilisation of Foucault's biopolitics (see for example Coleman and Grove, 2009; Lemke, 2005). However, the development of this terrain by Esposito, being so recent, is yet to be discussed at any length.

(Ojakangas, 2005 pg 10). Therefore, contra Foucault, biopolitics always returns us to a sovereign metaphysical structure because "sovereign-juridical and biopolitical arts of government are not historically and geographically contingent models of power; biopolitics is, rather, metaconstitutive of sovereign-juridical power" (Coleman and Grove, 2009 pg 497). Agamben's biopolitics, then, works in a different guise to Foucault's conception because *it is inherently, and essentially, linked to the sovereign power over death: to a thanatopolitics*. Rather than a 'right to let live', biopolitics functions solely as a 'right to let survive'[85].

If Agamben presents a pessimistic negative conception, then Hardt and Negri differ, by presenting a positive reading of biopolitics. For Hardt and Negri (2000, 2004) biopolitical power is always constituted by communal formations of singular moments of life ('multitudes') alongside sovereign territorialized formations that dictate life ('empire'). The 'multitude' is a plural formation of individuals acting together that enable the potential for new subjectivities, which deterritorialise from existing subjective formations, to emerge. In other words, there is a productive life forged through "continuous encounters, communications and concatenations of bodies" (Hardt and Negri, 2004 pg 348). This works, in contemporary society in terms of 'biopolitical production' (a production of ideas, affects, relationships and so on) that operates through a communal network of relationships (a movement from below that is not hierarchised or fixed). These achieve their effects throughout the sovereign territorialising capacity of capital and state institutionalisation; *and,* at the same time, resist and surpass this territorialisation. On the other hand, this state of affairs (which they term 'empire'), indicates a biopolitical "society of control": the capitalist sovereign inscriptions that exploit, mimic and appropriate these social formations of the multitude (Hardt and Negri, 2000). Crucially, for Hardt and Negri, empire (or as Negri terms it a biopotere: a power that is "the institution of a dominion over life" (Casarino and Negri, 2004 pg 166)) parasitically emerges from and feeds off the potential of communal life that it then attempts, *always unsuccessfully*, to control and reduce. This, therefore, differs from Agamben's conceptualisation of biopolitics because "for Hardt and Negri labor can abandon the state-capital nexus in a moment

[85] For Agamben this landscape is exemplified by the Nazi death camps,which represent (1998, 2002, 2005) the absolute split between bios and zoe (between bare life and political life),. This pessimistic constitution of biopolitics, where political power is wielded in terms of a 'survival' beyond which there is only death, means that the body is always inscribed by sovereign power and cannot escape this inscription.

of creativity" (Coleman and Grove, 2009 pg 505). Therefore *the generative core of the communal interactions of the multitude is, for Hardt and Negri (2004), the essential and structuring component of biopolitics.*

Roberto Esposito rethinks both the pessimistic biopolitics of Agamben and the positive communal biopolitics of Hardt and Negri through the structure of the immunity paradigm (Campbell, 2008). Immunity, refers to a situation where someone is protected from a risk[86], "a risk to which an entire community is exposed" (ibid, pg 50). Esposito hereby details the Latin derivation of the terms 'immunitas' (immunity) and 'communitas' (community) both or which stem from 'munus' (a 'gift' or 'obligation') with 'immunitas' being negative (as in protected, or immunised, from the gift or obligation relation) and 'communitas' being positive (as in reciprocal within the gift or obligation relation). Through administering safety from the risks that constitute the 'munus', immunity is seen to be a mechanism for furthering life, and as "the power to preserve life" (Esposito, 2008 pg 46). This is because immunity is the protection from the jeopardy that 'communita's (reciprocity) places the individual in (the risks of the 'munus'). However, the operation of immunity works by inflecting what is being immunised from (the jeopardy of 'communitas') back into the individual being immunised (hence Esposito's (2008) example of an immunising dosage of a disease to protect the body). Further, the community immunises itself to protect individuals "from the community's own implicit excesses" (Campbell, 2008 pg xii), and hence protects itself, the community and the community's health, from the communal jeopardy that a community places itself within.

For Esposito, this immunity reaches its apex in the modern era where the "modern subject who enjoys civil and political rights is itself an attempt to attain immunity from the contagion of the possibility of community" (Campbell, 2008 pg xi). Here, Esposito positions modern politics as a biopolitical immunising force. Further, this immunisation, this mode of attempting to protect life, according to Esposito, actually ends up negating life (Campbell, 2008: Campbell and Esposito, 2006)[87]. This is because the immunitary machinery, through purifying life (the attempt to safeguard life by purging all risks), involves a turning in on oneself, self-

[86] As Esposito clarifies (see Campbell and Esposito, 2006) immunity can be understood in relation to both biomedical language (an exemption from a disease) and juridical language (as a legal safeguard).
[87] *Immunitas*, the book in which Esposito initially proposes this paradigm, is, as of yet, unpublished in English. As such I draw primarily from secondary academic engagements and Esposito's interview with Campbell (2006).

destructively. As Haraway (1992 pg 320) has articulated, we are "invaded not just by the threatening 'non-selves' that the immune system guards against, but more fundamentally by our own strange parts". Derrida (2003) positions this immunity mechanism as autoimmunity: the destructive *and* self-destructive process of immunisation whereby a being, through the extremity of its attempted self-protection, turns in on itself. For Esposito, Nazism operated as the extreme exemplar of this controlling facet of biopolitics through the Nazi machine allying a biopolitical immunisation of life with a thanatopolitics producing an autoimmune obsession with saving the German people through purification (Campbell and Esposito, 2006 pg 55-56). However, immunity for Esposito is not wholly negative[88] because, using the example of organ transplants and maternity, it does not necessarily produce autoimmunity. The maternal relationship between mother and child is shown as a constructive immunitary relation because the mother protects herself through her own immunological reaction to her baby but this reaction does not destroy the foetus but, in fact, nurtures it (Campbell, 2008). This metaphor is extended, by Esposito (2008), through the examination of a biopolitics of birth. Drawing from Simondon, Esposito portrays a potential within birth for a biopolitics in which immunity is not realised in a negative sense. He switches to a vitalistic philosophy where the individual is not a pre-defined being but instead is in emergence. Birth (not just the physical act of giving birth but any new experiencing of individuation (Esposito, 2008)) considered vitally is a positive experience that creates new experiences and crucially, in this act of creation, does not slip into a re-integration of death. If we "recognize not only the self-destructive aspect of this dialectic [immunity-community], but also those aspects which are potentially creative and productive" (Campbell and Esposito, 2006 pg 54) we can, therefore, enable a biopolitics that does not slip into a thanatopolitics. Here Esposito proposes *a biophilosophy where new encounters continually make life reborn, again and again, rather than preserving it: hence a potential to turn the politics over life into a politics of life.*

Despite their differences Agamben, Hardt and Negri, and Esposito all share a specific style of engagement that, unlike Foucault's project, conceptualises biopolitics in terms of a *metaphysical system* that presents a philosophy of life. For Agamben biopolitics is always inscribed within a sovereign mechanism that operates through a

[88] Haraway (1992), unlike Derrida, also visualises a creative potential within immunity.

meta-system of the subservience of zoe to bios. Hardt and Negri, on the other hand, establish a meta-system based on biopotenza containing a universal creativity of communal life. Esposito (2008) diverges from these two extremes and sets up a metaphysical system based upon the immunity-community relation. However, these metaphysical constructions of biopolitics, because they are universalistic accounts, are problematic to use as an analysis of a specific historical and geographical context. What these bio-philosophies do accomplish, however, is to develop an ontological standpoint describing how all of life operates within a biopolitical determination. In these narratives, the constitution of life in specific empirical engagements is seen to be always formulated within a distinct structural operation. This would be regardless of the specificities of its emergence. For example, if we followed Agamben, the inscription of life in terms of independent individuals within contemporary learning disability care, would be seen as the integration of sovereignty into life.

Of course historical contexts are not completely lacking from these accounts. Hardt and Negri, for example, detail the expansive potential of modern capital for unleashing biopotenza; while Esposito, on the other hand, envisages a specific modern exacerbation of the immunitary paradigm of biopolitics. Nevertheless *the historical specificities of the emergence of modernity, and their configuration of the current problems of modernity, are always in relation to the underlying structure of their metaphysics*. The problem with this structure is that specific situational problems – in this case how contemporary learning disability care governs – always require recourse (despite their specificity) to this structure. The differences inherent in temporal and spatial specificities get lost through subsuming them to a biopolitical project of structuring the organisation of life. A whole range of social scientists and philosophers have highlighted the constitutive importance of specific situated assumptions (Latour's (1988, 1999) 'black boxes'); specific situated, embodied language norms that regulate interactions (see for example Butler (1993, 1997)); and situated rationalities of power (Foucault). These non-metaphysical accounts show that the organisational structures, sedimentations and rationalities that order and control life, and the resistances to these structures operate in particular moments that, crucially *cannot* be generalised into a global metaphysical structure. For this thesis *it is these moments and how they figure in the relationship between discourse and practice that is the key interest rather than that of global biopolitical systems.*

Returning to the analysis of contemporary learning disability care, it is Foucault's work, due to his primary interest in historical and geographical contingency, which provides the crucial analytical component enabling us to configure this care in terms of the specific contingent discourses and their playing out in specific contingent practices. Biopolitics operates, for Foucault (1998), as a technique of ordering populations and categorising life and, as such, is *something to be explicated and critically problematised rather than being part of a structure that clarifies and helps us grasp the complexity of life.* The metaphysical accounts posit biopolitics as that which gives structure and substance to history; they clarify the ontological status of life. For Foucault, on the other hand, contingent histories collide to produce a biopolitical landscape through which life itself becomes ordered and rationalised. The work of Foucault, as has been shown, is useful precisely because *it provides a critical language to grasp and clarify the specific governing operation that contemporary learning disability care deploys.* Furthermore, Foucault's work enables the linking of discursive regimes with specific practical assemblages and keeps alive the specific situated complexity of these practices. In this narrative, however, more clarity is needed on how the situated specificity of practices can be recognised and what doing so does analytically.

2) Mol: Enacting 'practices'

a) The enacting of practices

Critically reading the discursive context of contemporary learning disability care, through the work of Foucault, has shown that there is a mode of governing being put into operation whereby people with a learning disability are being constituted as independently acting individuals. However, this section ended by highlighting that it is crucial to *not only expose the contingencies that discursively operate within contemporary learning disability care and how these govern but, also, to consider how they differently play out in practice.* I have shown that these discourses operate through a number of practices and are practically enacted in various situations. The work of Mol shows that what is brought about in practice is, itself, constituted through

the material assemblage of the practice, and thus different to other enactments because of this specific constitution.

Mol argues that if we foreground the practices through which something gets constituted the conceptual focus is shifted from determining this thing (whatever is being brought about) as having stable, pre-existing fixity to seeing it as situated and relationally emergent. In other words, practice and the objects that get brought about within practices are now exposed as having to be done, performed or enacted. There are different situations and different material relations through which something can come into actualisation and therefore the practices that enact this object are multiple. For Mol (2007, 2008), highlighting this point develops an important logic. She argues that because the practices which enact something are multiple each practice brings about the thing differently and hence multiplies the thing itself: as such, reality itself, for the thing, is multiple.

In *The Body Multiple* Mol (2007) discusses the disease atherosclerosis in terms of it being enacted in practices. She acknowledges the purpose of this project from the outset:

> "It is possible to refrain from understanding objects as the central points of focus of different people's perspectives. It is possible to understand them instead as things manipulated in practices. If we do this – if instead of bracketing practices in which objects are handled we foreground them – this has far reaching effects. Reality multiplies" (Mol, 2007 pg 4).

Mol states that her project is an act of presenting the body and atherosclerosis not as singular objects but as multiple and manipulated within practices. She argues that atherosclerosis is not enacted by a determining doctor or group of hospital staff with the patient remaining a docile and inert object unto which procedures are enforced. Instead, atherosclerosis is enacted within the different material relations in multiple different practices. Because the hospital practices which intervene upon atherosclerosis are multiple, the object of manipulation, in the hospital, is multiple. In other words, the object, in this case atherosclerosis, differs depending upon the practice. Within a hospital atherosclerosis is done differently within a pathology department than within a clinical environment or within walking therapy rooms.

There are multiple atherosclerosi being brought about in multiple practices all with different heterogeneous elements that relate in different ways. For example, clinical practice "involves talk and physical examination" (Mol, 2007 pg 147) and thus enacts atherosclerosis as claudication (pain levels through walking). On the other hand, within pathological practice, "in which one looks at a slide through a microscope" (Mol, 2007 pg 147), atherosclerosis is enacted as a thickening of vessel walls. Each practice also consists of different elements and relationships. In clinical practice there is a clinical relationship between doctor and patient including numerous elements like couches, pen and paper, personal walking histories and so on. In pathological practice the 'patient' is physically absent but, on the other hand, there is material from the patient, slides, microscopes and computers. Therefore clinical practice, for example, cannot be reduced to pathological practice because they are configured differently and contain different elements and relationships. Due to this distinction, the object (in this case atherosclerosis) is brought about differently and is therefore, multiple.

What does this mean for the argument of this thesis? The foregrounding of practices, in Mol's narrative, begins with relational associations and foregrounds how things are being enacted and brought about in various assemblages rather than beginning with pre-determined categorisations. This development of practice links with Latour's argument that: "there are no more naked truths [as in an epistemology split from ontology], but there are no more naked citizens [as in a humanism], either. The mediators [the various heterogeneous associations] have the whole space to themselves" (Latour, 1993 pg 144). By foregrounding how things are actually being done, and the various active relationships between elements, it is argued that there is no single trope or order through which everything plays out[89]. Mol's recognition of practices destabilises the various subjects, objects and concepts that become taken-for-granted (for example, in realist projects as Haraway (1994) shows) because, instead of things being apprehended in and of themselves, in a stable manner, they are now recognised as emergent and situated. In terms of contemporary learning disability care, Mol's focus on enactive practices can be used to apprehend the ways in which discursive formations are actually enacted in the different practices through which they get implemented (for example, looking at the practical contingencies involved in the strategy of PCP as used by facilitators enabling people with learning disabilities to

[89] See also: Hetherington (2000): Law (2000, 2002), Mol and Law (1994), and Strathern (1991).

make choices). The argument then is that *we can switch focus from understanding a mentality such as choice, for example, as solely a discursive constitution to apprehending the multiple ways in which these discursive formations are actually borne out and constituted in practice.*

For Mol (2007) the foregrounding of how something is enacted within different practices, exposes the multiple ways in which the thing is brought about; but these multiple enactions are not fragmented, they are related. She argues then that the multiple practices that enact something do not fall into plurality, but instead co-exist and co-ordinate in various ways. This is because what is being brought about in these practices needs to have an understandable constitution that can translate across practices and therefore negates any movement into plurality. Mol highlights that her work is a study of "the coexistence of multiple entities that go by the same name [atherosclerosis]" (Mol, 2007 pg 151). A fragmentation into pluralism would not involve any cross-practice understandings. As Mol shows for atherosclerosis, something clearly needs to be translatable across different practices otherwise nothing would happen: the surgery practice would not be able to move a patient across to walking therapy practice, for example, which is clearly not the case as there is communication and translation between these two practices. Using Strathern's (1991) words, we can understand these practices as 'partial connections'. This is because there is a connection between the practices yet each practice contains difference and this difference cannot be subsumed to either an identity or a point. Therefore, things are enacted differently in different practices but have a common relationship: a ubiquitous deployment that is understood as a "bracketing of practices" (Mol, 2007 pg 163). What this highlights, in terms of the discursive and practical context of this research, is that a mentality such as choice, while having a specific veracity in a particular practice, still translates and moves across different deployments carried out by various practitioners.

Mol exemplifies this by describing a number of different styles of co-existence. She shows that there may, for example, be a mode of addition whereby a number of practices are added up hierarchically. Here Mol shows that a clinical diagnosis of atherosclerosis may work in contradiction to laboratory findings: a patient's feelings and ability to walk may not match up to what is expected from the laboratory results. In this case the decision over what to do, whether to commence surgery or suggest

walking therapy, is decided through relating the two practices hierarchically: "one of them wins. The other is discarded. Thus a single patient ends up with a single atherosclerosis" (Mol, 2007 pg 66). Therefore, multiple atherosclerosis are still enacted through practice (there was a clinical and a laboratory performance of atherosclerosis at work) and yet in order for treatment to commence, or not, the two enactments were co-ordinated through addition in which one enactment was designated as winner. Another example she gives is that of composition. Instead of one practice 'winning', practices instead can co-exist in the form of a composition. In this "a single patient may now be diagnosed as having two 'atherosclerosis', pain on walking and pressure drop. These two objects do not necessarily coincide" (Mol, 2007 pg 67)). Instead of one emerging as the winner the findings are added up as a composite, whereby the difference between the two are separate but are also conjoined indicators.

These two examples highlight that there are different forms of co-existence. Furthermore, the forms of co-existence are emergent through the relations between the various practices and the assemblage of practices themselves. The point here is that *there are multiple practices and these practices co-exist through a variety of relational forms*. Therefore, for Mol, the apprehension of co-existences is not an iteration of a pre-formed coagulation but rather these co-existences are emergent through the playing out of the practices. The danger here, as Mol explains, is of defining a co-existence before the deployment of the practices and pre-supposing and ordering things beyond doubt. It is this conceptual challenge to re-affirming pre-supposed orderings that the key political and analytical point of her project.

b) The politics of foregrounding practices

For Mol (2007, 2007a) the foregrounding of practices exposes the multiple enactments of things and, in doing so, develops an ontological argument. By showing that something is brought about differently in different situations with different material configurations, each practice enacts the thing differently. From this it follows that each practice enacts a different and distinct element and that, therefore, there is no singularity or preconceived stable identity for the thing: reality cannot exist in the element itself. Therefore, each practice brings about a different reality. Mol's project

of foregrounding practices acts in distinction to manoeuvres that bracket practices and isolate elements by proscribing "as their *referent* a single disease [atherosclerosis], residing *inside* the body" (Mol, 2007 pg 36). Therefore her work shows that there is no singular stable performance of atherosclerosis. By recognising discrete practices with distinct configurations, we thereby witness "different *versions* of the object... multiple forms of reality itself" (Mol, 2007a pg 77). In other words, by foregrounding practices, not only are practices multiple but reality is multiple.

The recognition of reality as multiple performs a political act of destabilising fixed identities and transcendental categories. It is here that Mol's project connects with the work of Foucault because both posit the importance of exposing the discursive constitution of understanding and inhabiting the world as made up of various contingent emergences that have to be relationally performed. This performing, as the section on Foucault has detailed, is the governing of subjects through power relations. These relations style people according to certain understandings but, and this is the crucial point, they are not fixed or eternal but are constantly being achieved. Essential to this argument is a critique of transcendence, or universalism. If we base our thought on transcendence or universalism we prescribe a foundation or underlying structure and ignore how specific rationales emerge and become strategically deployed. In Mol's work, on the other hand, reality is exposed as needing to be brought about. Although unification, simplification and co-ordination occur, because these occurrences are recognised as being performed, they are shown as contingent and open to change[90]. In other words, in this logic, reality cannot be separated from either discursive formations or practices. By apprehending reality as something done through practices we move away from attempts to grasp "the preconditions for acquiring true knowledge" (Mol, 2007 pg 5).

The political implication of this is that we shift from a politics based upon pre-determined or transcendental values to a politics that affirms the multiplicity of life and recognises that there are no stable identities. Mol (2007, 2007a) terms this as a shift towards an 'ontological politics'. Ontological politics is based on a shift from a 'politics of who' to a 'politics of what'. A politics of *who*, namely "who is being put, or should be put, in the position to decide what counts as good" (Mol, 2007 pg 166),

[90] Hence Foucault's (1991, 1998, 2000) insistence that his project is one to analyse the modes in which we are *made* as subjects.

is a fixing of politics purely within the social. Mol argues that this fixing relegates material aspects and technical expertise to mere constructs of the social (see also Latour, 2007). A politics of *what* is concerned with appreciating and engaging with things (whether they be humans, concepts, or non-humans) within the world in which they relationally emerge (see for example Hinchliffe, 2007; Hinchliffe et al 2005; Law, 2000; Thrift, 1999; Whatmore, 1998, 2002). A politics of what argues that "expertise and the things of expertise are neither determining nor immaterial to navigating a way forward" (Bingham and Hinchliffe, 2008 pg 84). This engages with the relationship between the practical and the discursive rather than proposing that one determines the other. Knowledge, in this politics, is situated and partial and is performed rather than having a disembodied or pre-determined existence (Massey, 2005; Haraway, 1991). Political constitutions and identities are, in this logic, not determined prior to practices and the various assemblages but are, instead, emergent within these (Stengers, 2007).

Ontological politics, therefore, engages with politics not through whose perspective should be taken but through the question of how we should engage with multiple realities and multiple 'goods'. This is because each practice enacts a different reality and with each reality comes "different ways of *doing* the good" (Mol, 2007 pg 176)[91]. This is an expansive political project because we keep open the potential for things to emerge and be performed differently and do not simply smooth away the differences that occur in practice. The application of this politics to the analysis of contemporary learning disability care is that it enables a critical recognition of discursive formations that smooth over the conditions of possibility and produce a unified prescription to life. Furthermore it pushes this thesis to realise the conceptual and empirical potential that occurs in the performance of practices because it is in the enacting of these practices where discursive constitutions become multiplied, diversified and exceed their unified prescriptions. However, as has been explained,

[91] As a side note this ontological politics sidesteps the 'epistemological wars': between science and the sociology of science. I would argue, following Stengers (2007) and Latour (2007), that the unfruitful arguments within the 'science wars' were characterised by fixing of science as another practice that could be determined by an underlying cause rather than as practices that are multiple and diverging in and of themselves. As Latour elucidates, "they, too [the scientists], compare; they, too, produce typologies; they, too, design standards; they, too, spread their machines as well as their organizations, their ideologies their states of mind... What they do to expand, to relate, to compare, to organize is what you have to describe as well. It's not another layer that you would have to add to the 'mere description'" (Latour, 2007 pg 149-150).

certain simplifications do exist. Indeed the translatability and cross-practice understandings of individual choice, for example, require a certain ubiquity to actually function. In practical terms we can witness how the concepts and techniques that staff learn in training such as PCP, for example, do translate into the front line working environment, otherwise they would not be taught and would not change working practices. However, the important point, that Mol's work shows, is that the simplification, this "bracketing of practices while working along" (Mol, 2007 pg 163), is not pre-given but performed. In other words, various modes of relating, where things 'congeal' into translatable ideas, emerge through different material configurations.

The analytical point is that *there remains an inherent and inescapable doubt* that forces one, if practices are foregrounded, to respect and value the different specificities of practice. Because things emerge together and get performed together across various different practical assemblages *we cannot describe and fix once and for all how things assemble.* For Mol this doubt occurs because things have the potential to be different and to change: "medical practice [or any other practice we may which to engage with] is never so certain that it might not be different; reality is never so solid that it is singular" (Mol, 2007 pg 164). There is a productive project here, in that it opens up space to create new relations and ways to live. As Latour terms it, the politics resides in exposing and keeping alive the potential for change, for things to be "regularly refreshed" (Latour, 2007 pg 261). The critical edge thus produced is the idea that we can now critique how the discursive formation inherent in contemporary learning disability care problematically ignores the multiple veracity of situated practices because it prescribes a simplified and singular understanding of how the individual should operate and be constituted. Furthermore, in the context of the three mentalities, there exists the danger of defining an idealised core to choice, inclusion and self-knowledge and ignoring how these mentalities are being variously put into play by practitioners and the translations made across practices. If, as social scientists, we switch intellectual reflexes and pay attention to the relationship between discourse and practice, in particular how practices enact specific formations, we can ensure that the irreducibility of each situation is not ignored.

Although Mol's work is a key conceptual influence, there is a tension to address concerning the application of her work. Here, using a critique of Mol's work

from Saldanha (2003), the relationship between practices and presence will be discussed in order to spotlight the question of where practices begin and end, and as such ask the question of where does the creative potential of the 'new' appear. Saldanha (2003 pg 425) poses that "Mol seems to imply that outside the hospital a patient's arteries are no longer blocked up, since there is no medical practice enacting atherosclerosis". Alongside this, despite a few references in the final chapter, Mol ignores practices that are not directly related to the patient: such as document making, managerial decisions, and health and safety proposals. These are all practices that could enact atherosclerosis in a different manner. While an expectation that Mol should detail all the multitude of practices that enact atherosclerosis is unfair, by performing the act of focusing so discretely upon the hospital, questions need to be raised concerning how these practices could perform, relate to and extend outside the hospital. For example, is the practice of walking therapy continued once the patient leaves the hospital and dis/continues their walking course? Does it depend upon whether the patient actually continues the things learnt in therapy, or not? Or do the practices Mol details demand the repetition available within an institutional setting?

There is a danger, that by focusing on practices which are present at the hospital Mol slips into equating practices with a localisable presence when, in fact, many practices extend beyond locatable sites. Therefore for all the discussions of practices enacting or performing atherosclerosis there is a strange paralysis about the location of these practices. The concern is that this presumes the site first, in that, for example, to get at the site of the laboratory is to expose the practice of laboratory measurements. Doing this freezes the practice as a localisable presence: hence the difficulty Mol has in accounting for non-present practices (those outside of the hospital in which she conducted her research). As Mol (2007 pg 54) states, "a sentence that tells what atherosclerosis is, is to be supplemented with another that reveals *where* this is the case". The issue here is that 'revealing where' can slip into suggesting a simple point or place where a certain atherosclerosis can be apprehended. In other words, instead of sites being emergent through practices they appear ready formed suggesting a pre-discursive and pre-enacted presence for these places. For this to be so the fundamental concern of the thesis would be neglected because discourse and practice would be split through there being a presence (as, or in, a fixed site) that acts as the foundation for practices. Furthermore, anything 'new'

or different that is enacted in practice would always be rooted in this localizable presence and hence would not be new but merely a re-affirmation of what went before. To clarify how this tension can be worked through, the work of Deleuze shows its vital worth.

3) Deleuze: 'The new / creativity'

Mol's reading of practices leaves us with the crucial argument that the discursive / practical relationship in contemporary learning disability care is constituted through various specific situated enactments in practice. The implication of this is a need to refuse attempts to sediment differing practical enactments into a singular dialogue and to keep open the veracity of multiple practical occurrences. However, there is a concern here that Mol's enactive practices become locally fixed. The danger of this is that the creative potential of such a narrative is bounded by this fixation, and that the potential for different understandings that can resist, destabilise, and go beyond, the governing discourses that constitute practices is limited. To think more radically about how practical occurrences have the potential to create something new the work of Deleuze proves invaluable. Firstly, however, to show the value of this Deleuzian intervention, the discussion returns to the debates between Foucault and the meta-physical engagements with biopolitics from Agamben, Hardt and Negri, and Esposito to link Foucault's work, through Esposito and Canguilhelm, with Deleuze.

a) Esposito, Canguilhelm and Foucault

This thesis has established that, while the metaphysical conceptualisations (in the work of Agamben, Hardt and Negri, and Esposito) of biopolitics and life are important on a purely conceptual level (by provoking intense political discussion over how life is controlled and determined and, as such, politicise moments where people are controlled through their living capacities), they are not directly applicable to this thesis because they cannot be clearly linked to the situated, experiential level. However, Esposito's work provides an important stimulus to the analytics of how contemporary learning disability care governs. This is because Esposito's work

produces a means to rethink how contingent assumptions and practices govern alongside a potential to re-forge and re-create new forms and understandings of life. Esposito's work, taken to its conclusion, prescribes a less globalised and universal metaphysical biopolitics than either Agamben's or Hardt and Negri's. The reason for this is that the affirmative potential that Esposito finds within biopolitics departs from the internal metaphysical structuration of his biopolitics. In the concluding chapter to *Bios*, Esposito (2008) sketches out how the immunitary logic contains the potential for a different articulation whereby this logic can be superseded by an emancipatory politics of life. In this different articulation, *life is not based around an attempt to protect life (which slips into immunity) but moves into a normative power immanent to life itself*: hence it constitutes an unleashing of the potential vitalism of life (an affirmative biopolitics (Campbell, 2008)). Here: "the only way for life to defer death isn't to preserve it as such (perhaps in the immunitary form of negative protection) but rather to be reborn continually in different guises" (Esposito, 2008 pg 181)[92].

The vitalism of life, which Esposito describes using Deleuze's 'immanence' and Canguilhelm's notion of a 'norm of life', is the capacity for life to continually recreate itself[93]. Vitalism *exceeds* the structure of the immunitary logic by reversing its primary logic and, is and of itself, *immanent only to and of itself.* Therefore, Esposito's philosophy is less structuring than either Agamben's or Hardt and Negri's purely because this vitalism is freed from any ideals of how life operates and can be worked in terms of grounded empirical concerns without the dangers of inscribing a biophilosophical meta-structure. Esposito's objective of reversing the biopolitical logic inherent within the immunitary paradigm and moving to a biophilosophy that exacerbates, rather than protects and defines, the norms inherent to individual life[94], provides a conceptual apparatus that provokes the narrative of this thesis to creatively go beyond the discursive constitutions that currently operate in society; and that, in contemporary learning disability care, govern people with a learning disability. This is

[92] Hence, as previously discussed, the importance of 'birth' to this explication.
[93] This vitalistic articulation initially seems to fit with Hardt and Negri's positive biopolitics. However, at closer inspection we can see how, for Hardt and Negri, this vitalism *is always inscribed within the structure of the multitude: there is a required, already existing, concatenate of communal subjectivities and production.* In Esposito's vitalism, on the other hand, this articulation *exceeds* the structure of the immunitary logic by reversing its primary logic.
[94] It is important to note that here Esposito does not designate individual as a distinct human individual. Rather, individual refers to any individual accumulation or object.

because Esposito, drawing from Canguilhelm's conceptualisation of norms[95], proposes *a philosophical incision that respects the norm of individual subjects.*

Canguilhelm analyses various modes of normalisation. These are the various mechanisms that control, regulate, and style life which, for Canguilhelm (2007), are exemplified by specific juridical, medical and pedagogical modes that all limit the potential of life by ordering it and rationalizing it for certain ends. This normalisation is the structuration of life through a derivation of what is normal, in other words, a figuring of subjects in relation to a "prefixed prototype" (Esposito, 2008 pg 191). However, for Esposito the interesting aspect of Canguilhelm emerges when we take these modes of normalisation back to their derivation from an inherent norm of life. Juxtaposing the concepts of normal and abnormal, Canguilhelm proposes that what is abnormal is actually inherently part of the normal; in that the abnormal is what makes the normal recognisable (to have ill health is what makes normal health recognisable). In other words "it is not paradoxical to say that abnormal, while logically second, is existentially first" (Canguilhelm, 2007 pg 243). Because of this relationship (a logical equilibrium held between, as Canguilhelm (2007 pg 286-287) exemplifies, health and disease where health *per se* cannot exist before disease) a norm cannot be transplanted from outside onto a life. Instead, because the derivation of what is normal requires the abnormal of that individual life to define its normality, it has to come from within a life itself. Here, each life inherently has a norm of existence and this signifies an individual's preservation of their own normative power: the ability to recreate internally new norms ("the being capable of establishing new, even organic forms" (ibid, pg 139)). Individual life employs individuating norms that are not determined by outside structures: they are purely a function of the life itself and, as such, are the possibility of that life to change given new circumstances and relations.

Esposito argues that the importance of Canguilhelm's work is that it sketches out a way to think the vitalism of life in reference to a negativity (disease) that always defines this life (health is only recognized through disease) but *does not result in a lessening of the capacity of this life.* As he explains, for Canguilhelm, a normal life, with the preservation of the life's normative power, is one that when confronted with disease forges anew different formations and norms. This, Esposito (2008) argues,

[95] Although Esposito declares Canguilhelm's work the most explicit discussion of life and norms he does also trace this discussion through the work of Spinoza and Simondon.

differs from modern biopolitical manoeuvres that aim to preserve and sanctify life from prospective threats (for Canguilhelm these are the structuring modes of normalisation) and hence stabilise and finalise a mode of life. In other words, this norm of life allows Esposito to think of a life that is reborn and continually modified by negativity and threat rather than one that protects and falls into an immunitary logic.

We can clarify the importance of Esposito's work by returning to Foucault's work. Foucault develops (as he explains in a number of interviews, lectures and essays (see Foucault, 2000a)) an ethical task that emerges throughout his more commonly debated investigation of the various historically contingent modes of subject creation and truth formation. We have witnessed how Foucault's terrain of biopower sets out an important angle from which to investigate contemporary understandings of learning disability because he provides the means to show how the discursive element of this care is a contingent emergence. For Foucault, there is an ethical project within this narrative in that, *once discursive rationalities and strategic formations are disassociated from a naturalized or transcendental standpoint, the possibility for transformation is opened up.* This is explained by Foucault in relation to homosexuality. Foucault details that there is an ethical task, following the exposure of assumed ideals of sexuality, in creating new modes of sexuality and sexual relations. The creative force involves keeping open potential ways of living and, as such, reconceptualising how homosexuality can offer new modes of living for all. He proposes that, rather than saying "let's try to re-introduce homosexuality into the general norm of social relations", we should instead try to "escape as much as possible from the type of relations that society proposes for us"; and "by proposing a new relational right, we will see that nonhomosexual people can enrich their lives by changing their own schema of relations" (Foucault, 2000 pg 160). In other words, the task here is not only that of critically attending to current sedimented assumptions but also, crucially, that of enabling and "creating new modes of being together" (Rabinow, 2000 pg xxxvii).

What we witness therefore in Foucault's ethical project (which, as Deleuze (1999) shows, is a project that functions throughout the landscape of Foucault's work) and Esposito's objective (primarily his utilisation of Canguilhelm) is an affirmation of life. This is because, by bringing in the potential for creative difference, something

can be formed that is not pre-figured on existing determinations or forms. So, Deleuze proposes that Foucault proceeds by folding the outside ("an opening on to a future: nothing ends, since nothing has begun, but everything is transformed" (Deleuze, 1999 pg 89)) into the inside (that which actually takes place). In other words, to recall Foucault's example of homosexuality, by working against a transcendental project of sexuality (that defines what hetero and homo-sexuality are) we open up to the outside where the potential for new undisclosed sexualities and sexual experiences occur; and thus, these can, henceforth, be brought into the inside (by becoming actualised into solid relations and experiences). Of course these 'new potentialities' can, thereafter, become sedimented and coded as normative experiences, but the crucial ethical point is the inherent disruptive potential. This narrative highlights that a critical understanding of the relationship between discourse and practice does not need to be composed solely of a conceptual critique of actuality: in either discursive regimes or practical enactments. Instead these debates show that there is a crucial analytical point in thinking about how things radically change and how the potential for something completely new can be conceptualised. It is the work of Deleuze that provides a conceptual terrain to explain how this can be understood.

b) Deleuze

Deleuze undertakes a project that works against an understanding of the world in terms of pre-existing categories and explicates an alternative mode of appreciating life outside that of transcendence. Transcendence is an understanding of being in terms of exteriorities that lie outside of us. In this respect a transcendental category is one which, being exterior, is located as a fixed foundation that can be revealed or gained access to (for example, God, truth, morality). Deleuze's work sits alongside a host of anti-transcendental thinkers (to name but the most prominent: Bergson, Foucault, Nietzsche and Spinoza) who he uses to creatively carve out new modes of thought and experience.

Deleuze proposes that instead of basing thought on foundational concepts exterior to ourselves we need to think of a 'plane of immanence'. This plane cannot be subdivided or rooted in any foundational concept or identity: immanence is immanent to itself. Indeed, Deleuze states: "we will say of pure immanence that it is

A LIFE, and nothing else" (Deleuze, 2001 pg 27). This rejection of transcendence and the move to a philosophy of immanence requires us to rethink concepts such as morality, identity and the subject because they prescribe an essential reference (be they moralistic, identity defined, or humanistic). Instead, as Deleuze (1988) shows, drawing from Spinoza, there now emerges an ethics. In this ethics we overthrow "the system of judgement[96]. The opposition of values (Good-Evil) is supplanted by the qualitative difference of modes of existence (good-bad)" (Deleuze, 1988 pg 23). In other words, there is a movement from value-based moralities (which appeal to transcendental categories) to an ethics based on life, whereby good is a joyous affirmation of extending capacities. This is an empiricism that is routed in experience[97] because there is no grounding outside of the experiences[98] themselves. As Deleuze clarifies: "we will define an animal or a human being, not by its form, its organs, and its functions, and not as a subject either; you will define it by the affects which it is capable" (Deleuze, 1988 pg 124).

The rejection of transcendentalism and the affirmation of immanence operates in terms of a univocal plane of being. The univocal plane of being is where nothing grounds anything else: "all beings will be expressions of the one plane of being" (Colebrook, 2002 pg 95) and without which there would be a foundational ground upon which transcendental categories can be founded (Deleuze, 2001). The potential for something new to emerge comes from this univocal plane and plays out through the conceptual pairing of the virtual/actual. The virtual is a reservoir of difference that is always moving towards becoming actual (May, 2004): in this sense the virtual is what the actual emerges out of but without the virtual in anyway resembling some pre-given end or what was before. Thus: "what we call virtual is not something that lacks reality but something that is engaged in a process of actualization following the plane that gives it its particular reality" (Deleuze, 2001 pg 31). Any actual being is

[96] This point links back into the relationship between Deleuze and Foucault (see Deleuze, 1999 for his appropriation of Foucault's philosophy) in that they both seek to think of an alternative manner in being outside of transcendence. For both Deleuze and Foucault, transcendence is a fascistic mode of thinking that neglects the vitality of the world. In his preface to *Anti-Oedipus* Foucault proposes that Deleuze forces us to address several questions concerning fascism, in that fascism is a suppression of difference: "How does one keep from being fascist even (especially) when one believes oneself to be a revolutionary militant? How do we rid our speech and our acts, our hearts and our pleasures, of fascism? How do we ferret out the fascism that is ingrained in our behaviour?" (Deleuze and Guattari, 2004 pg xv).

[97] These experiences are not limited to humans.

[98] This notion of experience is different from a phenomenological grounding in experience precisely because there is no coherent identity that experiences.

actualised from all the potential virtualities; and it is through this actualisation that the ever changing rhythm of life occurs: "life for Deleuze is a virtual power, the power to become: not towards some already given end or on the basis of what already (actually) is. Virtual difference has the power to become in unforeseen ways, always *more* than this actual world, and not limited by its already present forms" (Colebrook, 2002 pg 96).

Discussing the work of Bergson provides clarification of Deleuze's philosophy. For Bergson,[99] multiplicity founds philosophy in that there is nothing beyond or beneath the multiplicity of the world. Bergson (2003) argues that the crucial problem with dominant thought tropes is the suppression of multiplicity to the singular whereby multiplicity is repressed through a homogenising beginning in the singular. Bergson proposes that time can be thought of either spatially or temporally. The spatialisation of time presents time as "abstract, linear and homogenous" (Game, 1991 pg 93) whereby each moment in time is separate and discrete. The problem with this, according to Bergson, is that it singularises points and attempts to discover 'pure knowledge' rather than action (Bergson, 2004 pg 307). Instead, a temporal thinking ('duration') places us within, rather than abstracted from, time. This duration is wholly spatial but it is spatial in a similar vein to Doel's rejection of 'pointillism'. Here, Doel first critiques the "fundamental illusion" in geography as belief in "the autonomy and primacy of the point" (Doel, 1999 pg 32) and, second, proposes instead the need to accept space "as a verb rather than a noun. *To space* – that's all. Spacing is an action, an event, a way of being" (Doel, 2000 pg 125).

According to Bergson we are now faced with two types of multiplicity: a quantitative and a qualitative multiplicity. A quantitative multiplicity is homogenous and spatial and based upon differences in degree (hence Bergson's (2003) example of sheep who are all the same (homogenous) but differ due to their spatial relations). A

[99] According to Deleuze (2002) the concept of multiplicity in the C20th has two distinct lineages: that of phenomenology and that of Bergsonism. Phenomenology (stemming from the work of Merleau-Ponty) traces multiplicity to a unified consciousness that 'experiences' life in all its multiplicity. As Olkowski (2000) argues, in Merleau-Ponty's notion of the situated being, it is the coherence of the person who is situated that is central. This centrality has been challenged not only through Bergson's work but also by feminist critiques (Butler, 1989: Irigary, 1993: Grosz, 1994). The feminist argument is that Merleau-Ponty's establishment of the coherence of a being "presents a discussion of sexuality as if it were the same dynamical force, with the same psychological structures and physiological features, for any sexed subject" (Grosz, 1994 pg 110). In other words, experience enters into a solidified pre-formed body with a given coherent identity. Instead, these feminist works argue that sex has to be continually formed and cannot be associated with a founding identity.

qualitative multiplicity is multiplicity over duration with differences in kind (differences in affections and affective capacities). For Bergson it is only an apprehension of qualitative multiplicity that can overthrow the dualism between body and mind without reverting to essentialist derivations. This is because a philosophy of qualitative multiplicity is situated inside of duration, inside the flow of life (Bergson, 2004, 2005), and proceeds by recognising that life and knowledge are inseparable. In other words, recognising qualitative multiplicity realises that things are being continuously renewed and reforged within multiple enactments. Thus things are unceasingly being undone within this duration, or, as Irigary (1985 pg 210) describes it, things are "always in motion: openness is never spent nor sated".

The importance of Deleuze and Bergson's work for this research is that they provide a means to critique any beginning with singularity, of pre-supposing a singular ordering of life (seeing life as outside of duration). They both show that the multiplicity of life, of practices, cannot be prescribed under a single ordering: life is always in flux. In this logic the focus is upon relationality (the movement between elements) rather than things in and of themselves (taken out of the world and their performance). Deleuze (2002 pg 15) proposes that there is a sort of slavery at work in the rejection of relationality and the presumption of a singularity, whereas "true freedom lies in a power to decide, to constitute problems themselves". In terms of critically analysing contemporary learning disability care this philosophy is crucial because it enables me to show how foregrounding the multiple practices where this care gets deployed is not just about highlighting contingent differences but is *actually a means to performatively disturb pre-given discursive determinations by recognizing that the playing out of this care, if we do not presume a pre-determined constitution, can expand new ways for learning disabled people to live their lives.* In terms of the mentalities of choice, inclusion and self knowledge, the key analytical concern here is to recognise how the practical events of these mentalities (where they differently play out in practice), if not totally subsumed into a discursive constitution, can produce a different operation of these mentalities that is not prescribed by their discursive rationales.

What this thesis is doing, therefore, is applying a philosophy that celebrates and expands upon the emergent differences that constitute life to an empirical context. To help clarify this the spatial topology of Deleuze and Guattari is useful. For

Deleuze and Guattari the practices of life emerge through the movement from the virtual to the actual (actualisation). In the movement towards actualisation the pure multiplicity of the virtual (pure in the sense that the virtual resembles nothing that has gone before) becomes more solidified into actual orderings. Therefore, there is, as Deleuze and Guattari (2004, 2004a) term it, a movement towards territorialisation (in that things become ordered and sedimented). However, because this territorialisation occurs from pure multiplicity there is always potential for deterritorialisations whereby the pure multiplicity of the virtual can unsettle these actual orderings.

> "The movement of detteritorialization can only be grasped as the reverse side of territorialities, even the residual, artificial, or factitious ones. But at least something arose whose force fractured the codes, undid the signifiers, passed under the structures, set the flows in motion, and affected breaks at the limits of desire: a breakthrough" (Deleuze and Guatarri, 2004 pg 404).

Deterritorialisation is, for Deleuze and Guattari, the manner through which things transform and become different. The important point here is that territorialisation is emergent through the actualisation of the virtual: it is becoming sedimented. However, sedimentation is not pre-determined nor does it have an essential fixity as this would negate the potential for destabilisation and a movement to deterritorialisation (meaning things would not change or be different). "Territorialized functions and forces can suddenly take on an autonomy that makes them swing into other assemblages, compose other detteritorialized assemblages" (Deleuze and Guattari, 2004a pg 358-359). In so doing sedimentations such as sexuality "may appear as a territorialized function, but it can just as easily draw a line of deterritorialization that describes another assemblage" (ibid pg 359). Therefore, "a territory is always en route to an at least potential deterritorialization, even though the new assemblage may operate a reterritorialization" (ibid pg 360). The spatial topography of Deleuze and Guattari therefore shows how the discursive constitution of practices becomes territorialised, but also contains potential deterritorialisation and, as such, does not fall into an eternal, totally pre-determined sedimentation. If we consider how practitioners are putting into practice the discursively constituted concepts of choice, inclusion and self-knowledge to govern the lives of people with a

learning disability, we can apprehend how these practices always contain the potential for deterritorialisation (for a radical destabilisation). Here the determination and sedimentation of idealised notions of choice, for example, can be thrown into creative doubt by new assemblages and connections that are continually being forged.

Comparing the philosophical terrain of Deleuze with Mol's work, the crucial difference is that Deleuze differs from Mol over the trope of thought used. For Mol the multiple is "more than one but less than many" precisely because it is multiple within the *trope of practices that enact an object.* Multiplication is always in reference to a materiality, that emerges at the level of the contingency of practices and, furthermore, these practices are locatable. However, Deleuze's (and Bergson's) multiplicity evokes univocity. In other words the *level of the univocity of being is evoked* (rather than an ordering of the level of practices that enact an object). In Mol's notion of practices, I argued, there is a danger that these practices slip into being apprehended through fixed sites rather than these sites being continually emergent. Deleuze and Bergson's[100] notion of multiplicity helps me to work through this problem. This is because multiplicity is not tied to the level of practices and therefore this thesis is able to make more flexible arguments that attest to how *both practices and sites emerge.*

I will address the important spatial implications of this in the final section of this chapter where I will explain the importance of Deleuze, to this research, as a useful corrective to the potentially over-localised essence of Foucault and Mol's work. However, regardless of this aspect, Deleuze's work is integral because, by not appealing to a reductive or transcendental thinking, it pushes us to recognise that it is in the very performative happening, the event of practices, that something new can emerge. It is the pessimistic denigration of any founding principle that provokes such

[100] Deleuze and Bergson are much more helpful in thinking through the concept of multiplicity than Latour's (2007) notion of 'plasma'. For Latour, 'plasma', a relatively recent concept, appears rather untheorised but comes across as an un-ordered, background state: "that which is not yet formatted, not yet measured, not yet socialized, not yet engaged in metrological chains, and not yet covered, surveyed, mobilized, or subjectified" (Latour, 2007 pg 244). The point of this plasma for Latour is that it activates the stratified 'social' without being in anyway reducible to an identity or pre-given state: it is where there are a number of "potentials lying in wait" (Latour, 2007 pg 246). Therefore 'plasma' functions in a way similar to the virtual for Deleuze but is problematic because it is unclear about the relationship between this 'plasma' and the actual world, particularly the network orderings of actor-network theory. In conclusion, it appears that 'plasma' functions as a depository for that which cannot be explained through networks but it is difficult to realise how things move from this unstructured 'plasma' to being actualised in various relational networks.

an affirmative manner. Deleuze's (2005) appropriation of the works of Francis Bacon evokes this affirmation. Deleuze argues that Bacon, because he moves away from figurative paintings (which produce a narrative or a fixed identity), is totally pessimistic in that he believes in no founding principles or identities. However, it is in this pessimism that Deleuze affirms optimism: because there is no founding, pre-figured belief, the vital power of life is not castigated into an already established order. Hence, for Deleuze, Bacon unleashes "an optimism that believes only in life" (Deleuze, 2005 pg 31). This optimism, in a pessimistic affirmation of the non-foundational, is where this thesis understands the potential of the relationship between practice and discourse to provide the potential for something new. What Deleuze shows us then is that the 'new' is radically so, it is a transformation, and is not something that is merely a new version of something that went before. Hence, in terms of contemporary learning disability care, the discursive application of understanding every individual as, fundamentally, an independently acting individual to people with a learning disability is not something 'new', rather still just the mobilisation of a contingent and assumed way of seeing things within another domain. Therefore, Deleuze's philosophy critically questions the way traditionally people with a learning disability get placed within general modes of being. Instead, any creative newness, in this reading, has to be a transformation of previous modes of being creating something not determined by what went before.

4) Situatedness of Relations

The trajectory I have taken through the work of these three key thinkers moves from the more localised, geographically and historically placed orientation of Foucault through to Mol's engagement with practices, which have a key relational element but are still anchored to local contexts. This movement, as I have shown, finishes in Deleuze's more delocalised conception of relations. What I clarify in this section is the logic for choosing this trajectory and why I think that finishing with Deleuze's relational philosophy is a crucial manoeuvre for this research. In particular, I will show that using Deleuze as a 'corrective' to the more localised theories of Foucault and Mol is actually a spatial manoeuvre that does not presuppose fixed

locations and because this research engages with mobile practices, is hence essential to my analysis.

The work of Foucault, as this thesis has argued, contains an acute spatial awareness that recognises how discursive constructions are spatially enacted to construe particular, situated modes of subjectification (see in particular Foucault, 2007a; Crampton and Elden, 2007; Philo, 1992). In particular, Foucault (2004) situates the local as a space of subjugated knowledges that can challenge and resist more general discourses (Philo, 2007a). Indeed, using Foucault's locally attuned dissections of the interplay of knowledge, power and discourse as the dominant theoretical inference could produce an important piece of research concerned with contemporary learning disability care. This type of research would draw more heavily from the geographical applications of Foucault to asylums, institutionalisation and the move to deinstitutionalisation that I briefly discussed in the introduction (for example; Driver, 1985, 1993; Philo, 2000, 2004a). This research could analyse, for example, how new spaces and locations have emerged through the proliferation of discourses of choice, inclusion and independence, and how these spaces re-organise and govern the lives of people with learning disabilities[101]. I am thinking here, for example, of the site of the 'bedroom' within supported living accommodation which, following the move to community living and discourses of choice and independence, is now construed as 'owned' by the individual, yet due to the nature of care is still a place of intervention and support.

However, I would argue that telling the story of this 'Foucaultian', locally informed critique of contemporary learning disability care is only attending to a part of how this care operates. This is because many aspects of the implementation of this care require a flexibility that de-anchors practices from specific locations. These practices need the ability to change and be performed in diverse places. Therefore, there is a more ephemeral, changing and diverse aspect to contemporary learning disability care which, I argue, is difficult to fully grapple with and critically analyse through Foucault's more localised and epistemic focus (Dewsbury, 2011; Marcus and Saka, 2006; Rabinow, 2003).

[101] Indeed, in the conclusion I will suggest that this more directly geographical research would sit usefully alongside this thesis by paying attention to the moments when particular geographical sites have more potency or are more obviously stabilised.

The work of Mol, as I have argued, goes further than Foucault in terms of tying practices to particular spatial configurations. While Foucault's work is particularly useful in providing a means to grasp how discursive configurations are spatially (and historically) contextual, Mol's work enables one to focus upon how practices cannot be removed, or thought apart, from particular spatial configurations. Using Mol's work, and that of other ANT informed scholars (for example Law and Urry, 2004), could produce an important geographical work on contemporary learning disability care that focuses on how practices differ depending on the localities in which they are performed. For example, this focus could attend to how the site of the manager's office differently constitutes 'learning disability' than the site of the living quarters where primary care is done. Within Mol's work, the specific assemblage or constitution of each practice is foregrounded and the specific bodily and material processes and their inter-relationships within the practice are given primacy (Mol, 2007, 2007a). However, it is the anchoring of these to specific sites and locations that, for my approach, remains a problem.

The reason for this problem requires further clarification and shows why I bring Deleuze's work into the theoretical fold, alongside Foucault and Mol, and attends to both empirical and theoretical[102] concerns. Empirical because many of the practices upon which my thesis undertakes its research are not fixed but operate across many sites and locations. For example, PCP facilitators work to enable individuals with a learning disability to have choice and to be included, and key to this is that the individual is enabled to choose the place and structure of the PCP meetings. There is still a specific constitution to PCP facilitation that differentiates it from everyday support situations; however, the site of this practice constantly changes. Theoretical because over-localising practices risks relegating the situatedness of relations to fixed points rather than recognising the performative way in which sites or locations, themselves, get produced and gain their veracity. To do so, I have argued, limits the performative event of a practice to particular fixed locations.

The work of Deleuze, as I have explained, allows one to apprehend how practices and their locations emerge and are constituted together. In this, fixed locations (a training centre, a manager's office, a person's bedroom) do exist and have a particular structured veracity but they only gain this veracity through being

[102] Indeed, the theoretical and empirical 'problems' are the same problem.

performed as an assemblage[103] and, as such, there is always potential for this performance to change and for the site to exist differently (Deleuze and Guattari, 2004a). Within Deleuze's philosophy of relations the relationship between discourse and practice can be conceived as a constant movement: in that discursive formations govern through practices and solidify these practices (in certain locations and in certain assemblages) but they also have to be performed and, in being so, can be re-configured (hence the event of practices can disturb any solidification) (Deleuze and Parnet, 2006).

Therefore, the crucial point is to figure locations as emergences, co-constituted through the enactment of practices and, as such, a location always has to be made as such. This means that a location has the potential to fade away, change, transmute or extend. Reconsidering Mol's (2007) example of walking therapy for atherosclerosis, we can now recognise that the physiotherapy site (located in a hospital) emerges with the implementation of walking therapy practice and functions as a solidified place that co-constitutes the practice. However, this site will change and become less solid when the patient leaves the hospital and continues or discontinues walking therapy in their everyday life. This is because the material assemblages are less tightly woven outside of the hospital setting, meaning that the practice of walking therapy within sites outside of the hospital becomes less solid. Therefore the spatial constitution of the practice is not pre-figured, or ultimately fixed in one place, but emerges and has the ability to change.

The important spatial point here, is that, by using Deleuze's work as a corrective, I attend to a situatedness of relations that is *de*localised at its outset (as in I do not begin from fixed spatial points) but recognises the emergence of spatiality (as inter-personal relations infused with material dimensions that have the potential to change) through performative events (Doel, 1996, 2000). Furthermore, Deleuze's work, to return to my theoretical and empirical concerns, can, I argue, provide a more productive and radical potential. This is because the potential for something different to emerge is recognised as not being regulated or tied to fixed locations. Instead, the whole gamut of the situatedness of relations (including the fixity that is a place or location) has the potential to be understood and enacted differently (as Dewsbury

[103] Indeed, as Lorimer (2010) and Prince (2010) hint, ideas such as assemblage can be used to conceptualise that spatial formations can be mobile and changing while also being performed as structural fixities.

(2011 pg 152) puts it: this shift in thinking involves "attentiveness to the transformative potential in the world").

I recognise that this aspect is apparent in both the works of Foucault and Mol[104] and that I am performing a simplification by anchoring their arguments to particular situated relations. However, I would argue that the potential for practices to escape, and to re-perform or co-constitute new spatial formations, is clarified through the work of Deleuze. Therefore, Deleuze's work, in this theoretical trio which I have constructed, performs the task of being a corrective to the danger that I locate my arguments, both empirically and theoretically, in specific, pre-determined, localised situations. To clarify this position, I will turn to some of the practices involved with contemporary learning disability care that I will be analysing in the proceeding chapters.

On the one hand, as I have explained in chapter 2, the current practical implementation of contemporary learning disability care is becoming more and more decentralised and localised (a trend exacerbated by the UK's current Coalition government)[105]. Thus, and this is where the local attentiveness of Foucault and Mol is useful, local areas have more control over purchasing and commissioning power, with the state remaining as a performance monitoring body. Local areas can implement specific spatially produced practices: for example, setting local housing objectives (using more private providers or smaller residential units), commissioning different services (choosing what person centred tool staff in local authority homes should use or commissioning specific day centre options), and have different voluntary sector provision (differing levels of advocacy support).

However, on the other hand, any localism is aligned through a political economy of individualism. Practices are becoming more and more individual, based around where and what the individual with a learning disability chooses, and therefore involving more diverse actors and sites[106]. This means that while the practical implementation of many contemporary learning disability strategies can be linked to specific sites (such as a residential home), these practices are deployed across a variety of sites so are fluid and spatially changeable. The focus of personalisation is

[104] Indeed, I have attempted to show throughout that Foucault, in particular, should not just be read as a scholar who is solely a discursive constructionist.
[105] In the final section of chapter 4 I describe where each of the practitioners who I interview works.
[106] This involves, as I showed in chapter 2 the expansion of the input of private and voluntary sectors in service provision.

on the individual capabilities, characteristics and behaviours of a person with learning disabilities. Furthermore, practices have a particular inter-personal, individualised, relational focus: that is they operate through the practitioner and their individual relationship with a specific person with a learning disability.

Therefore, a practice (such as citizen advocacy) emerges due to a specific historical geography with some oft-used sites (the citizen advocacy office, the person with a learning disability's house). However, the advocate-partner relationship is not confined to these sites, and diverse places will be used to develop the relationship and explore individual choices with their partner (for example, local cafes / restaurants, community activities, local authority offices, doctors' waiting rooms). As these practices are not bounded by institutions or specific sites, I argue that using only the localised focus of Foucault and Mol makes it difficult to conceptualise the diverse manner in which contemporary learning disability care operates. To grasp and critically to conceptualise the diverse and constantly changing enactment of this more liberal and flexible style of governing, I turn indeed to Deleuze's work (whereby spatial attention is on inter-personal relations and material assemblages) to invigorate the local alertness of Foucault and Mol.

CHAPTER 5: THE MENTALITY OF CHOICE

Contemporary learning disability care, if read critically through the work of Foucault, is currently constituted through a discursive rationality that prioritises the independence of individuals and governs the lives of people with learning disabilities through their independent actions. However, this thesis is interested in the relationship between discourse and practice. In the context of learning disability care, a number of mentalities form a key link between broader discursive rationalities and the practical implementation of care. This chapter analyses the mentality of choice. This is done through a critical discussion of how choice is being discursively constituted, including how this discursive constitution governs the actions of people with a learning disability, and how this discursive constitution is being implemented in a variety of different practices.

The importance of choice to contemporary learning disability care emerged within Valuing People (VP), the first British policy to make choice a cornerstone of care for people with learning disabilities. In this policy choice is configured as something that everyone wants and that everyone should be able to have: "like other people, people with learning disabilities want a real say in where they live, what work they should do and who looks after them. But for too many people with learning disabilities, these are currently unattainable goals. We believe that everyone should be able to make choices" (DoH, 2001 pg 24). In other words, choice-making situations are extended to people with learning disabilities and making choices is envisaged as a "normal" occurrence. My turn to Foucault's interest in how people are governed as subjects is used, in this chapter, to critically analyse the discursive constitution of the mentality of choice by analysing the language through which choice is conceptualised and showing that choice-making strategies work by manipulating the actions of people with learning disabilities.

These strategies are where the mentality of choice is implemented in practice across multiple situations and through the work of various practitioners. VP details a number of these strategies as the key means to provide choice for people with learning disabilities: "developing advocacy, extending direct payments and introducing a national framework for promoting a person centred approach to planning" (DoH, 2001 pg 27). This chapter focuses analytically upon advocacy provision in order to

ascertain the different material situations that constitute how choice-making is brought about in practice. Advocacy is chosen because there a number of different types of advocacy provision (see Table 3 below). Comparing these different types of advocacy reveals how practitioners work upon the actions of people with learning disabilities in different ways to enable choices.

Advocacy largely came to prominence within the learning disabilities context following VP. An advocate, in terms of social care[107], is someone who speaks and acts on behalf of another person who has difficulty with certain activities or with communication. It can be argued that advocacy for people with learning disabilities developed in England in the 1970s (Gray and Jackson, 2002), although it was not until VP that advocacy became enshrined in policy as a key method to "transform the lives of people with learning disabilities by enabling them to express their wishes and aspirations and make real choices" (DoH, 2001 pg 46). In contemporary learning disability policy, therefore, advocacy is one means in which choice is being extended. However, and as VP also iterates, this advocacy provision is not homogenous. Rather advocacy is being provided in a number of different ways and in which a different advocate-partner relationship is at work[108] (ibid, pg 47). I use the work of Mol to show that the contingent, material constitution of three of these types of advocacy (citizen, crisis and group) results in the enactment of different choice-making situations. Drawing on Deleuze's philosophy, I conclude this chapter by considering the performative potential of these contingencies.

• *Citizen advocacy* Citizen advocacy provides long-term advocacy support through community volunteers who "befriend" a partner.
• *Crisis advocacy* Crisis advocacy provides short-term issue based advocacy support predominantly supplied by paid members of an advocacy organisation.

[107] As Bateman (2000) exemplifies there is a difference between different areas of advocacy, for example; social care advocacy, legal advocacy, medical advocacy.

[108] The six advocacy types presented are a generalisation of how advocacy actually works. Each advocacy type does not operate distinctly. A single organisation can offer multiple types of advocacy (for example a citizen advocacy organisation can have a core group of paid staff who do crisis work alongside co-ordinating the citizen advocates) and in some cases a single person practises multiple types of advocacy. Furthermore, there are other smaller scale and local types of advocacy provision that differ from these general forms.

• *Group advocacy* Group advocates facilitate groups of individuals with a learning disability to come together and make decisions communally.
• *Peer advocacy* Peer advocacy operates like citizen advocacy except that the advocate is someone with a learning disability.
• *Self-advocacy* Self-advocacy is an individual advocating for him or herself by making their own choices.
• *Independent mental capacity advocacy* This new type of advocate has a statutory obligation to distinguish who has capacity and to act on behalf of someone deemed to lack capacity.

Table 3

Through the analysis of both the discursive constitution of choice and its enactment in practice this chapter makes three arguments. *Firstly*, drawing from analysis of contemporary learning disability policy, I argue that choice is discursively constituted through an idealisation of autonomous, independent choice-making. Here, an assumption of autonomous individuals operating in independent choice-making situations is discursively construed as the best situation in which people with learning disabilities make choices. The criticism made of this discourse is that it bases its notion of autonomous choice-making upon an assumed ideal of how "normal" people make choices and, as such, judges choice-making situations against this normative prescription, in that the provision of choices is best done by seeking to attain this ideal situation as far as possible).

Secondly, using interview material conducted with practitioners who work in three different types of advocacy practice (citizen, crisis and group), it is shown that advocacy practitioners seek to alter the actions of people with a learning disability who they work with by enabling them to engage in various choice-making situations. However, this governing of actions does not simply replicate the discursive constitution of the mentality of choice; instead, the making of choices is different due to the specific material and relational constitutions of each practice. By contrasting these three different enactments of choice the specificities of choice-making practices

are foregrounded and, in doing so, it is argued, the generative potential of different ways of making choices, for people with learning disabilities, is recognised and not subsumed behind an idealised version of choice.

Thirdly, it is argued that the narrative strategy of analysing the relationship between discourse and practice, in terms of how the mentality of choice operates in contemporary learning disability care, presents an important broader concern. By presenting an analytical lens that begins with explicating *both* the discursive and practical constitution of choice, this chapter provides an important conceptual lens onto how one might critically expand consideration of how people make choices. Crucially, it is shown that the empirical context of learning disability care brings the relationship and differences between discourse and practice together acutely due to the specific materiality of learning disability support. This is conceptually useful because it provides clear analytical purchase on broader contexts of choice-making where important, but less acute, discursive and practical constitutions of choice might be being deployed.

1) The discursive constitution of choice in contemporary learning disability policy

Choice is a key notion within contemporary learning disability policy. Turning to a consideration of modes of governing, I critically read the discursive constitution of choice as the manipulation of the actions of people with learning disabilities in terms of an idealisation of autonomous individual choice-makers. Within both VP and VPN, choice is configured as a key value that needs to be extended to people with learning disabilities both in terms of reaching those who have not had choice before and in terms of the amount of choices people have. In VP there is an entire chapter dedicated to enabling more choice (chapter 4: DoH, 2001 pg 44-52). Choice is also integral within chapters which deal with specific issues; for example, health care provision or housing. The chapter dealing with choice in VP opens with this comment:

> "Government Objective: To enable people with learning disabilities to have as much choice and control as possible over their lives through advocacy and a

> person-centred approach to planning the services and support they need" (DoH, 2001 pg 44)

This opening statement highlights a shift in the focus of care that is echoed across the language within both VP and VPN. Instead of the individual with a learning disability fitting around pre-existing services and support culture, services and support must now fit around the personalised needs and choices of each individual with a learning disability. Therefore, the individual who receives care and support is to be at the decision-making centre of their own support. Furthermore, individuals are now expected *to have as much choice in as much of their life as is practically possible.* Learning disability policy states that it is not enough to propose the value of choice in relation to support services, it also needs to be extended so that everyone can have as much choice as possible:

> "All disabled people should have greater choice and control over the support they need to go about their daily lives; greater access to housing, education, employment, leisure and transport opportunities and to participation in family and community life" (DoH, 2009 pg 30).

The policy does not assume that the task of extending choice will be easy. Indeed, in a discussion of consultation on VPN, a concern is highlighted that "changes so far have excluded some groups of people" (DoH, 2007a, pg 10), namely, those with more severe and problematic[109] disabilities. The document argues that "*Valuing People* will only be a success once it is working for everyone" (ibid pg 10) and sets out an imperative that choice is extended to all those with a learning disability.

This discursive constitution of people with learning disabilities as a group (composed of individuals) who, like everyone else, should have, and are entitled to have, choice is a biopolitical mechanism because it operates on individuals by acting upon their actions (their freedom to act). It is also biopolitical insofar as it references a population as a configuration of individuals within a population of choice-makers. This biopolitical mechanism propagates the essential value of opening choice out to

[109] "Problematic" in terms of the practical problems that individuals pose to the services that support them.

all and thereby presents choice-making as an essential component of being an individual. The individual is discursively defined in terms of his or her choice-making capacity. This is apparent through the tying together of choice and equality, in that, it is proposed, everyone should have equal access to choice. Here choice is presented as a universal right: "it is a human rights issue that all people with learning disabilities have the choices and control over their lives that so many of us take for granted – a life like any other" (DoH, 2007a pg 4). There is a "utopian" vision (Burton and Kagan, 2006) being put into operation because everyone, including those with complex and multiple disabilities, must be provided choice.

The promotion of "choice for all" is also central to recent UK health and social care policy. Policy on social care states that providing personalised services requires "every person across the spectrum of need, having choice and control over the shape of his or her support" (DoH, 2007a pg 2). Moreover, those being supported are to be provided "normal" choice-making experiences (DoH, 2005) by having "the chance to do the things those not in receipt of social care might take for granted" (DoH, 2005a pg 1). In health policy it is proposed that "patient choice should be embedded within the full spectrum of NHS funded care" (DoH, 2007 pg 6). This embedding of choice works by patients now being able to "choose to be treated by any provider that meets NHS eligibility criteria" (DoH, 2008 pg 3).

The discursive constitution operating through the mentality of choice conceptualises individuals in terms of a choosing population within which choice is not a restricted privilege but instead is a democratic right. The requirement for *everyone* (every person with learning disabilities and every person in general) to have as *much* choice as possible mobilises the mentality of choice through a discursive language that situates people with learning disabilities within a choosing population where having choice is seen as a fundamental right and an essential part of life. Understanding individuals in terms of a choosing population is a biopolitical strategy that targets people's actions because everyone is now envisaged and constituted as free to act.

Furthermore, the governing of people with learning disabilities, through this freedom to act, presumes a norm with respect to how individuals make choices. Although choice, as a mentality, figures in both learning disability policy and wider policy as something that everyone needs to have, this does not mean that situations

where choice-making is enabled are similar for those with a learning disability as for those without. Despite the understanding of choice in terms of equality there is a strategic focus upon those with a learning disability, due to their disability and structural prejudices (DoH, 2001). Furthermore there are specific situations and strategies (such as PCP) that only apply for those with a learning disability. These strategies are specific insofar as it is assumed that individuals with a learning disability make choices in a way that is different from those without a learning disability. However, underpinning these specificities is a fundamental understanding that choice is a feature of what every person wants and needs (and has rights to) and that "people with learning disabilities are people first" (DoH, 2001 pg 14). Therefore, I argue that the discursive constitution of choice operates through an *idealisation* of normal individuals, making choice in normal situations, and extends this idealisation to people with a learning disability by suggesting that, as Mol writes, "we may be unique in *what* we choose; but *that* we choose is something we share" (Mol, 2008, pg 62).

The discursive implementation of the language of choice reveals that the paradigm of this discourse is based on normal individuals who have individual autonomy. VP suggests that "services should respond to the wider aspirations of people with learning disabilities and give them more choice and control" through enabling those with a learning disability to express "their views and preferences" (DoH, 2001, pg 44). In other words services are required to enable and facilitate more choice and more individual control. In order to provide this extension of choice, care staff, services and the wider community are to facilitate individuals with a learning disability to be active decision-makers: "it is no longer acceptable for organisations to view people with learning disabilities as passive recipients of services; they must instead be seen as active partners" (DoH, 2001, pg 51). Therefore, there is a governing of the actions of these people by constituting them as free acting, independent individuals.

The implementation of choice is primarily through a number of strategies, which in VP and VPN are advocacy, individual budgets, direct payments and PCP. These four strategies all work, albeit slightly differently, to facilitate choices for individuals with a learning disability by making the individual an active decision maker. Individual budgets are the assessment of an individual's support needs and the

provision of a budget, to the individual, to meet this need. This budget is not always in the form of single cash payments as it can include increasing work access and a combination of funding streams. The individual is provided support to enable them to make choices about how to operate their personal budget. Direct payments are the transferral of a cash payment to an individual who requires a service in order for that individual to purchase the service, instead of the money immediately going to a pre-determined service. The individual, then, is enabled to choose who provides a service and how a service is provided.[110] Both direct payments and individual budgets operate with support from family members and staff to enable people with learning disabilities to make choices about their finances, their service provision and activities or work that they want to attend. PCP is a strategy where an individual is supported to make decisions and plan their life. Various tools[111] are utilised and people of consequence to the individual are brought together to provide support. All meetings and tools on these terms, mediated through the input of significant others, are orientated around the individual's wishes and needs.

The discursive constitution of these strategies aims to produce specific moments of choosing around an ideal of an individual as active and independent arbiters of their own choices. This actually governs and shapes the actions of people with learning disabilities because these strategies work by manipulating individuals into engaging in these choice-making situations. Furthermore, the implementation of these strategies operates through the attempted removal of disempowering and exclusionary boundaries, by facilitating people with learning disabilities to access mainstream situations of choice-making, such as mainstream employment advice and services. By removing the barriers within these situations that limit the access of those with a learning disability, all individuals are presumed to access choice. Hence, services are made to operate "in the least restrictive environment possible" (DoH, 2001, pg 69). This attempt to remove the societal barriers that inhibit choice is also targeted at specific aspects of learning disability care. Thus, in terms of housing, VPN suggests the importance of enabling a new "range of housing options and, thus, [to] provide real choice to people with learning disabilities and their families" (ibid, pg 71). Alongside the discursive constitution of choice as something that should be

[110] Each direct payment can form part of a larger individual budget because an individual budget is partially, or sometimes wholly, accessed through direct payments.
[111] The different tools that are used as part of PCP are discussed in chapter 6.

accessed equally, and as something that individuals should be enabled to engage with, choice-making is construed as something that is essentially natural. Because learning disability policy facilitates the removal of disempowering and exclusionary barriers (seeing them as social constructs), it situates choice as a "natural" human predilection. In other words, it is assumed that if the social expediencies that regulate choice-making can be removed as far as possible, natural choice-making situations will emerge (Tremain, 2005, 2006). Furthermore, because this ideal of pre-discursive choice-making is envisaged as an action that an individual undertakes without any societal constraint, it is the autonomous independence of the individual that functions as the norm within the discursive constitution of choice.

Therefore, choice, if understood as a mentality, implements a discourse where, fundamentally, choices are envisaged as being made by autonomous individuals. This is because choice is conceptualised within a logic in which individuals are able to choose in a natural and pre-discursive state *if* disabling, disempowering or exclusionary barriers are removed. Within wider health and social care policy we see a similar manoeuvre whereby "the state and statutory agencies will have a different not lesser role – more active and enabling, less controlling" (DoH, 2007b pg 2), only taking "action when services do not deliver what local people need or if there are inequalities in quantity or quality of care" (ibid, pg 20). This understanding of choice-making as basically an action done by pre-discursive autonomous individuals is not a neutral manoeuvre but, as Foucault (1998) shows in relation to the context of sexuality, actually the mobilisation of a generative form of power. People with a learning disability, by being constituted through a discursive understanding in which choice-making in each and every one of us is a natural disposition, are actually having their conduct changed in order to make choices, to behave like choice-making individuals, and to engage in choice-making situations (as is exemplified through the strategies of advocacy provision, individual budgets, direct payments and PCP). Therefore, the possible ways in which individuals can act is being altered. In other words, this discursive operation in this policy works by constituting a pre-discursive individual.

Furthermore, the governing of actions and the constitution of people with a learning disability as choice-making individuals solidifies a *norm of the autonomous individual*. This is done by basing the extension of choice to everyone upon an ideal

of normal choice-making situations where individuals are independent from social constraints, thereby figuring the autonomy of individuals as a natural and "defining fact of human life" (Mol, 2008 pg 73). In other words, learning disability policy produces a discursive rationality, inherent in the implementation of the mentality of choice, which idealises the autonomy of individuals as the best situation for choice-making. In doing so the lives of people with a learning disability are manipulated, through choice-enabling strategies, in terms of this idealised norm of the autonomous individual. Thinking about this analytically, drawing from Foucault and other applications of Foucault (for example Braun, 2007; Rose, 2007), this discursive constitution operates by basing life around a norm and, as such, inherently circumscribes what life contains and what it does not. Contemporary policy, as shown, does not work by excluding or rejecting those with a learning disability but instead, through choice, works by linking everyone "to a positive technology of intervention and transformation" (Elden, 2001 pg 102-103) based upon a pre-discursive ideal of the autonomous choice-maker.

There is a normative nature to this process because the process is based on a fixed pre-determined ideal of people as fundamentally autonomous. Making autonomous choices sanctifies this ideal as, essentially, the best situation for individuals in which to engage in choice-making. By positioning choice as a mentality, and exposing its discursive constitution as based on a norm of autonomy, this normative project assumes that when choice is provided the best situation is to scale back anything that impinges upon this "autonomy" as far as possible. Of course, in the implementation of these strategies there is recognition that reaching this ideal norm is not always possible. Indeed, as was shown, the very nature of having specific strategies for people with learning disabilities recognises the differences that constitute how these individuals can make choices. However, the discursive constitution of autonomy still functions as an idealised foundation for choice-making because it is understood as the optimum situation.

Crucially, and this is the first of the three key arguments of this chapter, the operation of this discursive narrative through the mentality of choice, by setting up ideal situations for how choice-making should be done and manipulating the actions of people with a learning disability in terms of this ideal, inherently judges specific situations of choice provision against this norm of autonomy. This ignores the

different lives and capacities of individuals with a learning disability and assumes that all choice-making situations can, in some way, be figured as an attempt to replicate autonomous choice-making. The barrier between learning disabled and non-learning disabled is being broken down by tying choice to equality, but in the same discursive deployment, this barrier is also being re-asserted through a normative production of a pre-discursive individual that is based on a "normal" autonomy distinct from the lives of people with a learning disability. The potential danger here is a presumption that situations where choice is regulated by the interference of others (for example, in portraying self-advocacy as the ultimate goal in advocacy provision because the other types involve restrictions on autonomous choice) are bad. To do so risks smoothing over the practical interferences and relationships that constitute choice-making. Furthermore, there is also the danger that this discursive constitution propagates certain interactions as paradigm situations of individual autonomy (such as having control over one's finances) presenting these situations as natural occurrences and thus neglecting how these situations are discursively constituted. Neglecting this discursive constitution, as Foucault (2000, 2000a) shows, results in the naturalisation of particular ways of living such that the basis of choice in individual autonomy can slip into an assumption of how things are. To not think critically about this risks continuing this assumption and ignoring how it is actively changing the lives of people with a learning disability.

2) The constitution of choice in advocacy practices

The claim and focus of attention of this section rests on the point that the discursive constitution of choice within contemporary learning disability policy, through basing choice on individual autonomy, plays out differently in practical situations. To make this point, this section draws from interviews conducted with citizen, crisis and group advocates and foregrounds how each different advocacy practice constitutes how choices can be made within that situation. To use the language of Annemarie Mol, this section analyses how the discursive constitution of choice is variously enacted and performed in practice (Mol, 2007). The three advocacy types are chosen for comparison because they all consist of a relationship between a non-learning disabled advocate and a person (or group) with a learning

disability. Interview testimony is discussed to show how choice-making is constituted differently in each advocacy type.

a) Citizen advocacy

Citizen advocacy is premised on the development of a long-term relationship between the advocate and their learning disabled partner. Citizen advocates are non-specialists who volunteer through an advocacy organisation. The organisation matches the volunteer with a learning disabled partner with the aim of establishing a long-term relationship through which the citizen advocate can enable their partner to better express themselves and make choices. As such there is never a specific end date or conclusion in mind when a citizen advocate begins their advocacy. This, of course, is not to say that all advocate relationships work out well or end up working over a long-time period, but rather that the operation of citizen advocacy is always done without the need for a pre-defined end. In this section interview material conducted with citizen advocates, paid staff who work at an organisation that provides citizen advocacy[112] and material in a training book provided for new advocates during their training period is analysed. These interviews show that the practice of citizen advocacy constitutes a specific advocate-partner relationship based on a quasi-friendship and a specific way of making choices where choice-making situations emerge after the formation of the relationship and do not have a definite end-point.

Within citizen advocacy choices come into play *proactively*. Although specific issues where choices need to be made might occur (for example, the partner with a learning disability is about to move house) the citizen advocate relationship is set up prior to the issue around which choices are to be made. Therefore, because the advocate-partner relationship has been constituted prior to these "choosing" moments the advocacy operates throughout the issue (the process of moving house, for example) and enables choices throughout the development of choice-making scenarios. As one advocate states:

[112] One interviewee (Kate) began as a citizen advocate and now, alongside her volunteer citizen advocate role, also works for the organisation by providing training for new citizen advocates.

> "Citizen advocacy is proactive because you are hoping that if you get to know someone and something arises you can help them deal with it" (Linda, citizen advocate and citizen advocate trainer)

Whereas another advocate highlights that:

> "When you are a citizen advocate once you have started with a partner you are always there for them so you can respond and help when things arise and because of all the time spent with your partner you know them well" (Beth, citizen advocate)

Within the provision of citizen advocacy, choice is practically constituted in two key framings: firstly, there is a relationship forged over a long time and, secondly, because of this, the advocate can form a more in-depth relationship with their partner. One advocate went on to explain this in terms of communication issues.

> "If verbal communication isn't always effective than you have time to learn from your partner how to communicate with them. You might have to use and learn how to use makaton[113], pictures, photographs. Over time spent with them you can find out as much as you can about the way that they communicate" (Linda)

What we witness, therefore, is that within the provision of citizen advocacy the enabling of choice emerges through forging a long-term relationship.

Furthermore, the fundamental aspect to the advocate/partner relationship in citizen advocacy is that it is done by volunteers (unlike, for example, crisis or group advocacy). This manifests itself in a specific quasi-friendship relationship which is integral to how the advocates work to enable their partner to make choices: a relationship explicitly differentiated from one founded on professional or paid work. As one interviewee explains, operating in a friendship style runs through the core of citizen advocacy:

[113] Makaton is a language system designed to enable those who do not use words to communicate. It involves gestures, pictures and signs.

> "You wouldn't charge a friend or a member of the family for taking you to the hospital or taking them out for an evening to talk over their troubles" (Jane, citizen advocate)

Furthermore:

> "You would find a different person motivated differently if they knew they were going to be paid for doing it... if there was going to be a paid relationship you would look at the relationship differently. It would change how you would act" (Jane)

This specificity is further attested to in the provision of training for citizen advocates. Although discussion of citizen advocacy has raised contention over how much training is needed for people to become citizen advocates (Gray and Jackson, 2002; Pochin, 2002), there is consensus that too much training can alter the "bond of natural loyalty" (Pochin, 2002 pg 116) between advocate and partner by imposing a professional model on their relationship. In one organisation, a training book handed out to new advocates during the training process provides a number of principles and guides to practice. One principle states:

> "An advocate's loyalty is to their partner, not to the advocacy office, family, service provider or anyone else in their partner's life. An advocate is independent of the office" (advocate training book[114]).

Therefore, when enabling their partners to make choices the advocates must always stand by their partner and be loyal to their partner in terms of choices the partner makes. However, another principle states:

> "An advocate should ask *themselves* what they would want or how they would want to be treated if they were in their partner's place".

[114] The training book was an internal document produced by the managerial staff of the organisation in order to provide information to new and potential citizen advocates. The managerial staff gave consent for quotations from the training booklet to be used in this research.

Simultaneously, then, the training booklet states that an advocate is required to play any potential choices through what *they* would want. In other words, the advocate has to reflect upon how they themselves would choose if they were in the position of their partner.

Furthermore, as one interviewee states, being a citizen advocate means thinking, as a non-professional friend, on behalf of their partner in terms of how they can enable more choices for their partner:

> "I have to learn about my partner over a long time and we make a relationship where I understand their needs, how they make decisions and how they communicate. Like a friendship this is not something that can be taught" (Mary, citizen advocate)

The interviewee stresses that there is naturalness to the citizen advocate/partner relationship because this relationship cannot be learnt but has to be forged through the advocate and their partner. The practicalities of providing citizen advocacy require choices to be enabled through this individually forged, long-term relationship with their partner. Within this relationship the advocate acts on behalf of their partner ("loyalty to their partner") but also needs to be self-reflective and place any choices in the context of their relationship and their partner.

We can see that the practical operation of citizen advocacy consists, therefore, of a particular constitution of the advocate-partner relationship, namely that of a quasi-friendship interaction that develops over a long time period. Furthermore, specific to citizen advocacy, moments where choices are enabled occur after the advocate relationship has begun and because the relationship will continue after a choice-making event, do not figure as the fundamental aspect of the relationship (unlike, as will be seen in the next section, crisis advocacy). The advocate forms a relationship based on the individual partner's reciprocation (through which communication and styles of interaction are learnt) without a specific end point with choices being enabled along the course of this interaction. Therefore, there is a specific practical constitution to how choice-making moments happen through citizen advocacy. Significantly there is a distinct spatial configuration to how choices are

constituted in citizen advocacy because the advocate/partner relationship is positioned prior to a choice-making event and choices emerge after varying time periods along the temporal course of the relationship. Furthermore, this configuration operates in terms of the advocate developing knowledge of their partner over time and refracting this through themselves. This is a distinct translation of choice between advocate and their partner because choice-making situations appear as continual negotiations that emerge without a specific end point or a need to complete a task, in direct contrast to crisis advocacy.

b) Crisis advocacy

Crisis advocacy is provided when a specific issue occurs (for example, a relative dies or an individual is moving house) in the life of someone with a learning disability. After the issue has occurred a crisis advocate can be called in to enable the learning disabled individual to express their wants and to make choices about the issue (for example what to do with inheritance money, or where to live next). In this sense crisis advocacy is always constituted in response to a *predetermined* issue that has occurred prior to the advocacy relationship. A staff member of an organisation that provides crisis advocacy described that their organisation was now taking on people with specific skill sets because of the specific nature of the pre-determined issues into which crisis advocates are called.

> "we are expanding and bringing people in because of the necessity for specific work that we are being asked to do. So services have individuals with different needs and there [are] specific types of crisis advocacy work" (Samantha, crisis advocate and office worker)

This interviewee shows how crisis advocacy is always in response to a specific concern. The organisation recruits specific individuals to deal and conclude specialist needs and specific choice-making events (for example, those with experience and knowledge of legal issues).

Furthermore, crisis advocacy is used to deal with this specific issue, that is, to elicit something, to move towards a conclusion. Because of this, crisis advocacy is

always determined by time constraints as it is always bounded by the need to resolve an issue or have a response before an event (for example, when the house will actually close down). One interviewee explains how she operates as a crisis advocate:

> "The first thing we do when working with someone who can instruct[115] is absolutely be confident that we understand what the advocacy need is. So in order to do that what we need to do is build enough of a relationship with that person to be teasing out some of those communication issues, teasing out what the actual strands of the issue are so that we can actually come back to somebody and say what you are asking us to do as your advocate is it this or is it that" (Barbara, crisis advocate trainee)

The crisis advocate states that the reason why the advocacy was initiated is something essential for the advocate to understand. In other words, any decisions that the advocate enables are done in terms of the initial, pre-determined, need. The key difference between crisis and citizen advocacy is over the temporality of the types. For crisis advocacy "the partner's initial aims determine the relationship with the advocate and the partnership ends when these aims are realised" (Pochin, 2002, pg 114), whereas for citizen advocacy, as was previously seen, the relationship is not determined by any issues or aims and (hopefully) continues after any events or choices have been made. In other words, choice-making is always constituted in crisis advocacy in reference to a predetermined issue and need, as exemplified in the case of June below.

Nevertheless, it is important not to fix crisis advocacy as a simple linear determination whereby an advocate is called in to fulfil a predetermined goal (either set by the person with a learning disability or by another party) because the specific relationship that each advocate forms with their partner affects the outcomes and choices that are made. This was clearly brought out by an advocate working for a young man during his transition[116] period in relation making a choice about which college to attend.

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[115] "Instruct" refers to a learning disabled person who has been determined as having intellectual capacity to make decisions.

[116] Transition is commonly understood to be the time when a young adult with a learning disability is in transition between childhood services and adult services.

> "The first time I didn't get any sense of a preference at all from him. So I met him again for a second time and still didn't get any preference and again a third time. And I met him different times of the day in different surroundings just to see whether something was going to change but he was consistent. He liked both the colleges. I couldn't get him to say that he would choose one over the other... I had to go to a meeting with the learning and skills council and his teachers, his Connexions[117] advisor, his family, and I had to say as an advocate for him that he hadn't made a preference. And they were all there trying to persuade the learning and skills advisor that he really preferred one and it was a really uncomfortable situation." (June, crisis advocate and manager of a crisis advocacy organisation)

The testimony shows that although the pre-formed issue is always related to the deployment of choice (in the case of June, it was never about anything other than choosing a college), it is not always a complete determination. In June's case, the young man simply could not choose, or, he was, within the advocacy relationship, choosing not to choose, and thus deviating from a parameter of two clear-cut options. The advocate highlights that at the meeting which she attended she explained that her partner had chosen to suspend his choice and this disrupted other determinations (including what various parties thought would be best for him) and hence the "uncomfortable situation."

Furthermore, June shows that she works through the temporal limitations of the advocate relationship, namely the limited time period with a deadline by which a decision needs to be made. Continual meetings and discussion are a method deployed by the crisis advocate in order for her to understand her partner's choice. In other words, meeting again and again was a practical method to elucidate what he wanted to say. The advocate describes this procedure:

[117] As detailed in chapter 3 Connexions is a service for young people designed to enable these individuals to make the transition from school to work, training or further education.

> "I thought at the outset, is he just saying what I want to hear? That is why I saw him lots of times just to see whether he went: I am fed up of telling her this, I will say something else. And he didn't." (June)

In this situation, the crisis advocate works to gain as much time with her partner as is possible and operates within the parameters of crisis advocacy to enable her partner to make a choice. Therefore, unlike citizen advocacy, the use of lots of meetings over time is always framed with reference to a limitation, to an end point, where the crisis advocate relationship will end. Sometime in the future the young man has to make some decision (with the advocate and other parties) about his education. Crucially, the advocate could not continue to meet her partner indefinitely. Crisis advocacy is constituted through having a definite deadline.

The choices that are being enabled within crisis advocacy are not deployed outside of the practical constitution of this practice, namely, time limitations and an issue that is already in deployment. However, these framings do not totally determine how choice is offered, rather, they form its emergence. There is, therefore, a specific spatiality and temporality to crisis advocacy because the advocate/partner relationship is deployed after an issue occurs (for example, the young man who needed to make a decision about college) and the advocate is called upon to help. This means that crisis advocacy is of a reactive nature and has a distinct endpoint. A different relationship from that of citizen advocacy is being played out because this relationship develops after a decisional event which necessarily places restrictions on moments of choosing. Even if the boundaries are not totally fixed, as we saw with the young man unable to choose between two options, the bending of these boundaries is always constituted in relation to this initial framing.

c) Group advocacy

Group advocacy involves a non-learning disabled advocate working to enable a group of people with learning disabilities to make combined choices and decisions. In most cases an advocate will be called in to enable a group people with a common situation (for example a group who are provided support by the same service) to set up and run group meetings so that the group can present a combined voice. Unlike

both citizen and crisis advocacy, group advocacy requires more than one person with a learning disability (and sometimes more than one advocate) to be involved in choice-making situations. Furthermore, as will be shown, group advocacy does not rest solely upon an individual's choice-making capacity but rather requires a group that presents combined choices elucidated from multiple individuals making choices.

The group advocates who were interviewed stressed that they worked predominantly as facilitators because they organised the practicalities of the group meetings and enabled choice-making situations to work. The group advocates do not directly alter any choices being made but rather work to enable the group to set the agenda and debates for discussion. The organisation and facilitation work carried out by the group advocates initially operates outside of the group meetings. Here the group advocates organise and plan the practicalities of the meeting before the meeting begins and afterwards to make sure everyone knows about the next meeting. As one group advocate states:

> "we are running around doing all the practical stuff, phoning them, reminding them about meetings, booking transport, taxis, sending out maps, booking a room. All the practical events organising" (Peggy, project organiser of a group advocacy project)

The advocate states that this organisation prior to the meeting involves making sure that the meeting will be accessible and that communication aids are provided for those who need them (for example PowerPoint, videos or pictures of discussant issues).

> "We will prepare PowerPoint presentations and accessible information, make sure invites go out. All the practical things to make that happen" (Peggy)

Here, we see that the group advocates work to ensure that decisions can be made within the meetings by helping the meetings run smoothly. This involves making the meetings accessible to a range of individuals because the individuals attending the meetings will have different levels of understanding and will use different means of communication. The interview material highlights that choice-making situations are constituted, within group advocacy, through the organisational

complications of getting a group of different people together, all of whom have different abilities and styles of communication. Furthermore, in group advocacy, the interaction between many different people is central. The group advocates work by planning and concluding any meetings to enable the group as a whole to operate as a unit when making their final decisions.

> "We take the notes of those meetings and we anonymise and make the information confidential so that it reflects the group rather than any named individuals" (Monica, group advocate)

In other words, any individual choice is always related to the production of a singular group decision and a group identity. This is crucial for many group meetings because some individuals do not want to be targeted as the originator of decisions that might be controversial or difficult to accommodate (for example, if the choice is to go to the manager of a service over the standard of support provision).

The work done by the group advocates does not only operate prior to and after the group meetings but also throughout the meetings. The advocates work to enable choices by deploying various practical methods in order to involve as many of the attendees as possible in choice-making exercises. One group advocate highlights a system that they utilise in order to get everyone involved in the decision-making process.

> "We have cards, a system they use. So they raise a card if they want to ask a question or if you need the discussion to be stopped for whatever reason. And there is a card to 'ok' to whatever is being agreed or discussed" (Amy, group advocate)

Another advocate details how within the meetings she works to help all the individuals use the various visual methods that they have at their disposal:

> "We help them use PowerPoint. It is very visual and we will use lots of preparation with people to help them practice and rehearse. Videos are also

shown at meetings so that people feel very much in control of the day" (Monica)

Therefore, the constitution of choice-making situations, within group advocacy, requires the facilitation and translation between the different individuals within the group. This is done with the end target of making group choices. Within the group meetings the methods that the advocates use all revolve, as we have seen, around visual and oral representations of choices and choice offerings (for example, an individual may present a video they have prepared on an issue that will then be discussed, or the group may use cards that represent "yes" or "no"). This is because the communal constitution of the meetings requires choice to be enabled through these accessible mediums. The advocates here work to facilitate the translations of these mediums between the members of a group. The crucial aspect here is that, unlike the relation between two individuals (predominant in both crisis and citizen advocacy), *choice-making situations are practically constituted in terms of a communal spatiality whereby choices are enabled through interactive methods designed to aid communication between individuals at the group meeting.* Furthermore this specific spatial manner requires an individual's choice-making to be undertaken in reference to the end point of a group choice.

d) The practical constitution of choice

By foregrounding three of the practices through which the mentality of choice is implemented, I show that the practical constitution of choice-making situations is inherently different. If the three differing constitutions of choice are compared, it is apparent that each of the three styles of advocacy (citizen, crisis and group advocacy) operates in a different way and contains different inter-personal advocate/partner(s) relationships. In other words, choice-making in citizen advocacy is different from choice-making in crisis advocacy because of the practical contingencies of the two different situations and of the practical ways in which the two specific situations play out. Therefore, by paying attention to how choice emerges in practice, it is shown that the framing of choice and how choices can be made is, in fact, dependent upon the practice through which the choice-making situation emerges.

Thinking through this empirical comparison, in terms of the work of Mol, shows that these differing practical constitutions of choice can be apprehended as distinct, but related, enactments, or performances, of choice-making. Each practice is enacting and constituting a specific thing and different mode of choice-making. If the practices through which something (in this case choice) is enacted are foregrounded, then what is being brought about in each of these practices are distinct realities. That is, there is a separate reality for each practical constitution of choice-making. What this means analytically is that reality can be shown not to reside inside a singular pre-determined notion of what choice entails (as it does within the dominant discursive narrative) but instead to be *multiple* because it is being performed (Mol, 2007 pg 151-160). Within this logic, the discursive constitution of choice acts as a stabilising concept but is dangerous precisely because this stability is based on a prescriptive and reductive categorisation. Similarly, Hinchliffe argues against the danger of reductive stabilities that restrict the performative: "any stabilities that are produced need to be provisional, working categories, that enable rather than disable further learning" (Hinchliffe, 2008 pg 98). By shifting the conceptual lens, and showing that choice can be understood as multiple and not as a singular trope, I am making a political point that there should be no pre-determined value to judge performative choice-making situations. In this sense, the contingent complexities of choice-making foreground a "permanent possibility of doubt" (Mol, 2007, p. 181) that challenges any fixed assumptions about how choices are made.

Therefore, and this is the second key argument in this chapter, it is important to expose the situated practical specificities of how choice-making gets constituted in practice because doing so counteracts the danger of judging choice against an ideal of individual autonomy. In practice what plays out in choice-making is more complex than this ideal. The analytical application of Mol's interest in enactive practices shows that foregrounding the multiple ways in which choice-making is materially and situationally constituted challenges the normative core of current discursive idealisations of choice-making. Foregrounding practices recognises that the practicalities of different situations have to affect exactly how choices are made, how choices can be made and what a choice is. To ignore these specificities plays down the different interactions that are taking place across a range of different choice-making situations. This runs the danger of firstly, closing off situations of choice-

making which do not cohere to the discursive constitution of choice (for example, only using crisis advocacy if it can be shown to provide individual autonomy) and secondly, transplanting idealised assumptions concerning the operation of choice into unsuitable situations (for example judging citizen advocacy against how much individual autonomy the relationship provides and ignoring the long term friendship style that constitutes the operation of this practice) potentially ignoring the multiple practical elements that constitute choice-making. Recognition of the practical constitution of choice resists being subsumed under the discursive idealism of choice. Furthermore, this disrupts the re-assertion of a barrier between learning disabled and non-learning disabled and the reification of a pre-discursive non-learning disabled autonomous individual. In doing so, we can better apprehend how mental inclination is a spectrum formed through contingent situated scenarios.

However, the importance of foregrounding the practical constitution of choice is not only in making an argument for resisting the totalising prescription of a discursive constitution of choice. It is also, through the application of Deleuze's philosophy, an argument about recognising and keeping open the potential for new and different choice-making situations to emerge. This is an optimism that develops because, by deploying a pessimistic rejection of the transcendental, there is no grounding that means that the performative is limited to any pre-determined fixities (Deleuze, 2005 pg 25-31). Apprehending how choice-making is constituted through practical performances recognises and celebrates the situated complexities of choice-making performances. Therefore, because these situations of choice-making are not prescribed solely through a singular discursive logic, but are engaged with through their performative veracity, they are recognised, conceptually, as events where the very happening of material relationships can potentially create something new. Within the discursive implementation of practices designed to encourage more choice it is not as if people with a learning disability necessarily have more choice (because as I have argued this "choice" is contingently constituted and therefore does not fit into the logic of "more choice") but that they are discursively apprehended as if they do. However, I argue that in the performative tension between discourse and practice there is also a performative potential to achieve "more choice" (although in a different logic than that defined by discourse) by people with a learning disability entering into new relations.

For Deleuze, it is the recognition that the world is not fixed into a pre-determined order or based on transcendent ideals that enables the celebration of the emergence of the "new."[118] In the example of the crisis advocate who was advocating for the young man about to enter a college, the interview material shows that choice is constrained through the aims of the practice (a choice about which college to attend had to be made). However, the events that constitute choice-making in which the advocate works with the young man to get him to communicate and formulate a choice, were shown to disturb these pre-existing constraints. In this scenario the recognition of the assemblage of practical events allows potentially different relationships and formulations of choice-making to performatively emerge. The discursive constitution of choice based on individual autonomy is played out through the tension between practical limitations (the need for this practice to produce a choice) and practical excesses (the disruption to the limitation).

The foregrounding of the performative and situated differences of practices not only critiques an understanding of choice based on a pre-determined idealised order. Rather, because it does not transplant this order or any other ordering onto these practices, it is actually a conceptual engagement with becoming as a recognition of movement, that is, as an interest in how beings are in formation (Thrift and Dewsbury, 2000). Events where people with learning disabilities are enabled to make choices do not result in a freezing of these practices but a moving assemblage whereupon these moments have the potential to transmute and to open the lives of people with learning disabilities out into new situations and relations. The foregrounding practices, and the recognition that performative events are not totally subsumed under a discursive constitution, shows that choice-making situations are specific performed assemblages wherein there is potential, to revisit the language of Deleuze and Guattari (2004), for a deterritorialisation away from territorialised ways of making choices. Events of choice-making, in this reading, are an opening to potential new configurations of how people with learning disabilities can make choices and to new relationships that configure choice. In other words, analysing the practical constitution of choice as a moment of becoming recognises situated

[118] To recap what was set out in chapter 3, for Deleuze something 'new' occurs through the actualisation of the virtual and it is because the virtual is real, yet separate from what is actual, that what can come about can be entirely new and not prefigured upon what went before (therefore this is different from the possible which is merely the integration of a form of something already actual).

differences and does not prescribe a pre-determined order for how choice-making can occur. This project then is one that involves the "devising of something in principle unforeseeable, the crafting of something from an open future" (Moore, 1996 pg 30).

3) Broader conceptual application

Bringing the two previous arguments together and considering the wider application of this narrative conceptually leads to the third key argument of this chapter. So far the discursive constitution of the mentality of choice has been critically analysed as tying choice to a norm of individual autonomy and, as such, dangerously judging choice-making situations against this norm. However, by analysing how the mentality of choice is being enacted through three different advocacy practices, I argue that there are specific practical constitutions to choice-making situations. Foregrounding these specificities resists the over-prescription of the discursive constitution of choice and provides the potential for new choice-making situations to emerge. What this narrative shows is that people with learning disabilities are governed through a discursive constitution of choice and yet, in the performative implementation of this mentality through various practices, potentially resist and exceed this constitution. Crucially there is a broader conceptual point within this narrative.

This conceptual point is that a critical recognition of choice-making as both discursively and practically constituted provides a lens from which to conceptually engage with how each and every one of us makes choices. Bringing the two arguments together it is apparent that a focus on either just discourse or practice ignores a crucial aspect of how people with learning disabilities are enabled to make choices. To focus solely on the discursive realm risks a pessimistic determination of what choice-making entails and envisages these situations as solely the implementation of a discursive conceptualisation. On the other hand, focusing solely on the practical enaction of choice-making risks a utopian determination of these situations whereby the situated differences are not considered in terms of any discursive control. What is at stake here is an important recognition that both these narratives are crucial in how choice-making performatively occurs.

Although I have only focused on the specific context of enabling choices for people with learning disabilities, this remit can be extended conceptually onto how people make choices at the intersection of discourse and practice. The empirical context of learning disabilities highlights this in a particularly acute fashion because there are a number of specific discursive strategies (such as PCP) and a direct language that targets this group due to their historic institutional lack of choices. Furthermore, people with learning disabilities cannot always make choices without assistance and often express themselves in a number of indirect ways. As Scott and Larcher provocatively propose: "for someone with profound cognitive limitations, dual sensory impairment and a physical impairment for instance, spitting, scratching, screaming or head banging may be the only way they have to express, to call for attention, to escape from a situation, and so on" (Scott and Larcher, 2002 pg 173-174). Therefore, in the context of learning disabilities, the differences between the discursive constitution, based on individual autonomy, and the practical constitution, with situated relationships that enable choice-making, is particularly obvious because the nature of having a learning disability means that the practical constitution often varies considerably from the idealised norm. Furthermore, although the difference is acute, the intertwining of these two realms is also powerful because there are specific discursively structured strategies that are implemented in practice and constitute what practices are done.

Because this relationship between discourse and practice is more acute, and more obvious, in how people with a learning disability engage in choice-making situations, this specific context is useful to extend conceptually to other domains. When someone who does not have a learning disability enters into a choice-making situation the discursive and practical distinction and relationship might be more difficult to apprehend because these individuals are nearer to the assumed norm that discourse constitutes. However, it would be dangerous to suggest that these situations are not discursively constituted, or are not practically constituted because, as has been shown, choice has a wider discursive remit and there are many situated ways in which people make choices. Instead, the analysis of the mentality of choice in terms of learning disability care provides a clear example of how discourse and practice unfold together and hence can allow further research to critically apprehend situations where this relationship may be less acute or less defined.

CHAPTER 6: THE MENTALITY OF INCLUSION

Inclusion is currently a key value within contemporary learning disability care with strategies being deployed to enable people with learning disabilities to be more included in wider society. This chapter critically configures inclusion as a mentality of governing and attests to the way that inclusion is constituted both discursively and in practice. This is done through a critical analysis of the discursive constitution of inclusion as a process of normalisation in contemporary learning disability policy, alongside a discussion of how inclusion is implemented in three different practices.

Inclusion, like choice, is central to VP. Within this policy, inclusion is configured as something essential to being a citizen and as something possessed by everyone who is part of mainstream society. The premise for inclusion, in this policy, rests on mainstreaming, that is, people with learning disabilities should be included in wider society, like everyone else, and to be enabled to participate in mainstream society and mainstream services.

> "Being part of the mainstream is something most of us take for granted. We go to work, look after our families, visit our GP, use transport, go to the swimming pool or cinema. Inclusion means enabling people with learning disabilities to do those ordinary things, make use of mainstream services and be fully included in the local community" (DoH, 2001 pg 22)

In this policy it is apparent that inclusion is understood in a specific way, that is, in terms of normality. As the quote shows, the key premise of inclusion, of making all people more included, is to enable everyone to engage in normal activities. In other words, inclusion requires the enabling of people with learning disabilities, like all people, to be able to engage in doing "ordinary things". Therefore, the idealism of normal, mainstream actions is central to the discursive promotion of inclusion in contemporary learning disability policy.

I use the work of Foucault to analyse contemporary learning disability policy and show that the discursive constitution of the mentality of inclusion fundamentally rests upon an assumed ideal of normal life. This is deployed through the conceptualisation of inclusion in terms of the relationship between equality and

individual choice. In this relationship it is proposed that to be included within society requires individuals have equal rights and equal potential to make choices. This conceptualisation is borne out through the discursive construction of inclusion through strategies of mainstreaming. Through a critical analysis of these strategies, I show that the mentality of inclusion is governing the lives of people with learning disabilities through manipulating individuals to achieve the actions and comportments of an idealised 'normal' individual. In particular, it is shown that the basis of this normal life involves independent living, being employed, attaining education and training, having friendships, and participating in local life and politics.

Through the implementation of strategies of mainstreaming, the mentality of inclusion gets put into practice by various practitioners. Following the analysis of the discursive constitution of inclusion, I then analyse three different practices of inclusion formation that put into operation aspects of this mainstreaming strategy: the facilitation of PCP, the enabling of learning disability community action groups, and supporting people with a learning disability to be employed as project workers. In the analytical section which focuses on these practices, I show how inclusion formation is constituted within different practical situations. For each of the three different practices, the situational and contingent complexities and negotiations that variously emerge within the practice are foregrounded. The aim of this section is to show that different practical constitutions, including the specific lived complexities of having a learning disability and the methods of supporting someone with a learning disability, actually form how inclusion is enacted.

Using this narrative I make two key arguments. Firstly, I propose that analysing the implementation of the mentality of inclusion in contemporary learning disability care, through an interest in both the discursive and practical constitution of this mentality, critically highlights the danger of using normalisation as the sole basis for inclusion within policy while showing that the diverse and contingent formation of inclusion, in practice, can be recognised as excessive of this constitution. I apply the work of Foucault and Mol to propose that the assumption of 'normality' as the discursive basis for inclusion produces a dangerous simplification of the different practical constitutions that enact different inclusion-forming relations. This simplification is shown to ignore the specific lived complexities of having a learning disability (and of the methods of variously supporting someone with a learning

disability) that the interview material exemplifies. I argue that the primary danger in fixing normalisation as the basis for inclusion is that it idealises the actions of normal non-learning disabled individuals by constituting a pre-discursive non-learning disabled individual and ignores the lived complexities of the lives of people with learning disabilities. Fixing normalisation as the basis for inclusion thus inherently judges all situations of inclusion-formation against a pre-determined ideal when in fact these situations might not be ideal for those with a learning disability. Furthermore, I argue that this is most dangerous for those with severe learning disabilities who, because of their more severe impairment, have experiences that are further from this assumed ideal of normality. This is not a new argument, in itself, but what I argue here is that by also analysing the interview material in light of Deleuze's philosophical rejection of transcendence, the material tensions inherent in the movement from discursive deployments to practical enactments of inclusion contain a performative potential. This potential is the ability to disturb the prescription of inclusion as solely a discursive production and instead begin to create new modes of being included and understanding inclusion. I argue that exposing and affirming these events, rather than subsuming them to a discourse that returns to a transcendental understanding of the subject, recognises the multiplicity within these events and, in doing so, provides space to recognise different emerging amalgamations of inclusion making.

The second key point I make, by broadening out the previous arguments conceptually, is that the analytical narrative taken and the particular empirical context are useful for applying to wider contexts where inclusion operates. The acuteness of the tensions that arise in the context of learning disability care between the discursive and practical constitution of inclusion are due to the specific nature of having a learning disability and supporting someone with a learning disability. Due to this specificity the actions of individuals with a learning disability, in particular those with more severe learning disabilities, clearly differ performatively from the idealism of normality that the discursive constitution of inclusion assumes. It is because of this clarity, residing at the centre of the tension between the playing out of inclusion in discourse and in practice, that the narrative and empirical context of this chapter can be used to appraise wider contexts where inclusion is discursively implemented. Furthermore, by comparing my reading of inclusion in learning disability policy with

that of academic critiques of inclusion in general in British social policy (for example, Levitas 1998; Lister, 1999, 2001), I show that there is both a broader discursive similarity, in terms of understanding inclusion through equality and choice, and a distinction between learning disability policy and other forms of social policy. This distinction is because contemporary learning disability policy, lacks a moralistic core, unlike wider policy and instead governs through promoting mainstreaming, in part by requiring services to change so that they do not disadvantage those with a learning disability.

1) The discursive constitution of inclusion in contemporary learning disability policy

Contemporary English learning disability policy promotes the enabling of social inclusion for people with a learning disability as a key strategy to combat the lack of opportunity and access to normal social experiences, predominantly paid work, education, being politically active, the use of transport and local facilities and friendship networks (DoH, 2001, 2009). It is supposed that by virtue of their relative social exclusion, people with a learning disability cannot participate, or at least are fundamentally at a disadvantage to participate, in the activities and relationships that constitute normal social life. There is a clear understanding of inclusion, in this policy, as the potential to access, and participate in, normal activities and situations[119]. This is a discursive constitution of inclusion in terms of an assumption about normality: that is to be included is to be able to act normally.

In VP, the review documents of VP, and VPN, inclusion is conceptualised as a means to uphold individual rights and enable more equality of opportunity (DoH, 2001, 2009). In this regard the policy operates to implement equal opportunities and equal rights. Indeed, as VPN declares: "no matter how complex a person's disabilities, they have the same rights and can expect access to the full range of housing options, paid work, good health, friendships and so on" (DoH, 2007a pg 63). To produce this inclusion for individuals with a learning disability, VP and VPN focus on safeguarding the rights of those with a learning disability by enforcing

[119] These range, as we will see, from more formal and institutional access, such as to education and health services, through to more informal qualities of normal life such as participating in local communities and having friendship networks (DoH, 2001).

disability rights legislation and increasing attempts to diminish hate crime (DoH, 2007a, 2009). Furthermore, there is the move towards greater monitoring of general public services such as public transport (DoH, 2001 pg 80) in order to ensure that the provision of services is not discriminatory. Alongside this, government departments are required, for example, to "review their own employment of people with learning disabilities as part of disability equality strategies" (DoH, 2007a pg 35). Equality is also to be enforced through tackling what is seen as a problematic "postcode lottery"[120] by discerning "which areas of local services are falling behind in providing equal outcomes and thus need targeted action" (DoH, 2007 pg 57). What is being construed here is an understanding that any increase in social inclusion for people with a learning disability requires the eradication of discriminatory behaviour and structures which limit the potential for a group to be equal (or more precisely to have equal access to 'normal' experiences).

Alongside inclusion requiring equality, inclusion is also constituted through ensuring each individual is able to make choices. Inclusion is based on an individual having equal choice and equal access to services (with, following VPN (DoH, 2009), the personalisation of these services). As has been critically discussed in the previous chapter, there is a specific mobilisation of a notion of the individual as independent and autonomous. VP and VPN extend and support initiatives such as direct payments, individual budgets and PCP, all of which require the individual to have choice (see chapter 4 for more detail). Furthermore, individual choice is portrayed as central to all areas of a person's life: "all disabled people should have greater choice and control over the support they need to go about their daily lives" (DoH, 2009 pg 20). Crucially, in terms of social inclusion, this centrality of individual choice is tied to equality and rights. Indeed, VP states that: "it is a human rights issue that all people with learning disabilities have the choices and control over their lives that so many of us take for granted – a life like any other" (DoH, 2007a pg 4).

Inclusion, therefore, is configured through the ability to have equal choices. Choice is intrinsically linked with equality whereby an individual with a learning disability is portrayed as not fully included if they do not have equal access to services and community places and are not able to make individual choices in as much of their life as possible. In other words, the constitution of inclusion is based on

[120] Area based differences in quality, quantity and spending on services (DoH, 2001 pg 21-22).

the premise that to be included in society is to have equal opportunities, including the exercise of choice. This discursive constitution of inclusion is implemented, in learning disability policy, through the promotion of mainstreaming strategies. To be included through these strategies, one needs to be provided equal access to participate in mainstream institutions, services and structures, including equal access to make choices throughout this participation. The strategic aim of the policy deployment of mainstreaming strategies is to integrate people with a learning disability into mainstream community. Within this inclusion, services and structures that segregate individuals from the mainstream community and mainstream social experiences are seen as invalidating the individual's right to make equal choices and denying the individual "normal" opportunities (DoH, 2009). As such it is apparent that the centrality of mainstreaming to contemporary learning disability policy operates through a commitment to equality and to equal rights for all individuals.

These strategies of mainstreaming are implemented though a number of initiatives in the domains of day services, employment, education and housing. VPN, for example, readdresses previous initiatives that aimed to modernise segregated day services and instead promotes strategies that provide the potential for involvement in the wider community. This is done because, it is argued, this segregation assumes that the day service is the predominant means for daytime support and focuses on services rather than individual choices. This assumption is characterised as thinking "about buildings rather than outcomes" (DoH, 2007a pg 29). Instead, this mainstreaming requires that individuals should be enabled to get out of day service environments and into community places (for example to access employment, volunteering, or individually organised activities) (DoH, 2007a). Mainstream employment services are also required to be accessible to people with a learning disability (DoH, 2007a pg 28-36) in order to extend these services to those previously excluded. Mainstream education services, rather than segregated education, are promoted as the best means for young people with a learning disability to be included in wider society and receive a normal education (DoH, 2009). Existing mainstream housing initiatives, rather than specialised services, are promoted as crucial to getting people with a learning disability to live "normally" within communities and are required to be inclusive of people with learning disabilities (DoH, 2007a pg 47-53, 2009). Furthermore these mainstreaming initiatives, by providing people with a learning disability access to

more non-service and non-specialist networks, are promoted as a solution to the "problem" of individuals having relatively few friendships (DoH, 2009 pg 92-93). Furthermore, by enabling individuals to be more visible and more active in wider society, mainstreaming is portrayed as a means to increase the political voice and visibility of individuals with a learning disability.

This strategic turn towards mainstreaming within contemporary learning disability policy operates to extend inclusion. This is because mainstreaming aims to make people with a learning disability have equal access to the experiences available to other members of society and, furthermore, to make these people visible and active participants in their community (DoH 2001, 2007a, 2009). By discursively constituting inclusion in terms of equality and choice, through strategies of mainstreaming, this policy assumes that certain activities (being employed, attaining education and training, living in your own home, having friendships, participating in local and political life) are all requisites of living a normal, fulfilling life. However, mainstreaming extends access and opportunity to these pre-determined "normal" activities without considering the presumptions through which mainstream services operate. Crucially, the "normal" in this context refers to actions rather than identities. Normality, for the mentality of inclusion, is not about *what we are* but rather about *what we do*. In other words the presumption is that it is only by engaging in normal activities, and, thereby, leading "full and productive lives as valued members of their local communities" (DoH, 2001 pg 22), that individuals can become fully included in wider society.

This can be exemplified through contrasting this reading of learning disability care with wider critical academic interest in how inclusion (and exclusion) is being deployed in British social policy in general. In wider UK social policy, social inclusion and its binary, social exclusion, have also been important contemporary concepts having gained particular emphasis following the setting up, in 1997, of the Social Exclusion Unit (SEU).[121] The SEU was constructed specifically to tackle social exclusion and promote social inclusion. This wider social inclusion/exclusion policy has seen a relatively large amount of academic interest, in particular a focus upon how social inclusion/exclusion has been utilised within the broader New Labour/Third

[121] The Social Exclusion Unit was shut down in 2006 and subsumed into a newly created Department of Communities and Local Government. Within this Department, the Social Exclusion Taskforce was created to specifically address issues of exclusion and inclusion.

Way project (see for example, Levitas, 1998; Lister, 2001; Newman, 2001; Powell, 2000). Although I am wary about oversimplifying these readings, three key themes and critical discussions emerge within these narratives.

Firstly, in British social policy the conceptualisation of social inclusion/exclusion has, it is argued, largely emerged through a project that rests on extending *equality of opportunity*. For Levitas (1998), as for others (Davies, 2005; Lister, 2001), the social inclusion/exclusion agenda is a particular strategy characteristic of the 1997-2010 Labour government which changed its previous policies of material redistribution for an agenda where equal opportunities to access employment were key. In this change the understanding is that "those making the shift from welfare into work will be provided with positive assistance, not just a benefit payment" (DSS, 1999: pg 23–24). The promotion of inclusion and the tackling of exclusion, in this conceptualisation, rests on bringing in equal opportunities by facilitating and enabling individuals to have equal access to services and welfare provision. Secondly, academic critique has shown that, in contemporary British social policy, this conjunction of opportunity and equality is staged through the promotion of individual choice. In this logic, to have equal opportunities is to have equal choice (Clarke et al, 2008; Newman and Vidler, 2006). As Clarke et al (2007) have shown, British citizenship is tied to the ability to choose. Similarly, Rose (1999, pg 87) argues that, in this logic, "modern individuals are not merely 'free to choose' but obliged to be free, to understand and enact their lives in terms of choices." To be included, therefore, at all levels of society requires the ability to exercise individual choice. Thirdly, and following these two points, it is argued that this project inherently contains a moralistic agenda, in that, once provided equal opportunity and equal choice, those who fail or choose not to participate are branded as problem individuals (or groups). This is exemplified through the conjunction of rights and responsibilities in that once an individual (or group) enjoys the benefits of inclusion, they must respond via upholding certain responsibilities (Davies, 2005; Lister, 2001; Newman, 2001). Academic critique has proposed that by placing responsibilities at the core of inclusion and exclusion, this policy has a pathologising logic whereby individuals (and groups or communities) are envisaged as directly responsible for their own welfare (MacLeavy, 2007).

Social inclusion/exclusion in contemporary social policy is portrayed as a narrative that ties equality of opportunity, individual choice and social responsibility together such that individuals and groups are styled to become active, included citizens by enjoying equal rights via the ability to choose and the upholding of certain responsibilities. In so doing, these critiques propose that this narrative contains a moralising core. Comparing these readings of general social policy with contemporary learning disability policy, there is a distinct discursive similarity over the constitution of inclusion in terms of equality of opportunities and choice. However, as I have shown, learning disability policy, unlike these critiques of general social inclusion/exclusion policy, does not figure inclusion around a moralistic discourse. Crucially, in learning disability policy there is no pejorative labelling of those who do not uphold responsibilities and the individual is not a problem to be remedied. Indeed, 'exclusion' (the negative of the binary) is rarely used. Instead, the promotion of inclusion through the prioritisation of mainstreaming is the dominant narrative (DoH, 2001, 2007a, 2009), placing the onus upon service culture and societal attitudes to change in order to allow and facilitate equal opportunities for people with a learning disability to access these mainstream services and experiences.

By turning to the work of Foucault, I argue that the discursive constitution of inclusion, within learning disability policy, functions as a mode of governing because it works to enable certain conducts and behaviours and lessen others. The notions of equality and choice and the implementation of strategies of mainstreaming fundamentally link inclusion to an understanding of normality, that is, a normalization of specific individual actions. For people with a learning disability to be included, they need to be able to equally participate in normal activities (specifically, being employed, attaining education and training, living in your own home, having friendships and participating in local life). In applying Foucault's notion of biopower to this context, I suggest that this mode of governing operates through facilitating and enabling actions (to, as far as possible, meet these ideals of normal behaviour) rather than forcing bodies to conform. As has been shown, the foundation of equality as a key element of inclusion requires services, service culture and the wider community to change so that people with a learning disability are not disadvantaged in mainstream situations. This is an extension of normal opportunities and services to those who have previously been denied them (DoH, 2001). Therefore, the impetus to

change is not placed specifically upon those with a learning disability but rather upon structures that have disadvantaged them. Through the focus on altering these disempowering structures, the conduct of individuals with a learning disability is manipulated discursively because these changes govern and control what actions an individual with a learning disability can take.

This discursive realm is actively styling the actions of people with a learning disability by setting up an idealised situation of normal individual actions that functions by structuring a field of possible actions and conduct, as Foucault (1998) shows in reference to sexuality. Within this field certain actions (for example, independently accessing employment or living in as independent and mainstream accommodation as possible) are based on an ideal of what normal individuals do (i.e. on the experiences and lives of those *without* a learning disability). In the deployment of inclusion through strategies of mainstreaming, therefore, there is a normative basis to the implementation of strategies because a fixed ideal of how individuals act is deployed. The mentality of inclusion, in other words, is a tactic that works by changing the actions of those with a learning disability through prioritising those actions that fit within this normative ideal. Within contemporary learning disability policy this ideal, as has been shown, operates through a normalization that prioritises being employed, attaining education and training, living in your own home, having friendships, and participating in local life and politics (DoH, 2001, 2009). By turning to a number of different practices that implement these mainstreaming strategies and analysing how practitioners work to enable inclusion for individuals with a learning disability, I switch focus from the discursive constitution of inclusion to its practical enactment.

2) The practical constitution of Inclusion

There are a number of practices in which different practitioners aim to enable inclusion (through mainstreaming) for people with a learning disability. This section focuses on three situations of inclusion formation, highlighting how, in each of these practices, practitioners work to enable various aspects of inclusion for people with a learning disability. Firstly, I detail how PCP facilitators, who work to enable individuals to be more included in their communities, understand how they enact

decisions about the social life of those whom they enable. Secondly, I turn to individuals who facilitate groups of people with a learning disability to become more politically active and demonstrate how these facilitators enable inclusion in a specifically group environment. Thirdly, I show how staff within learning disability organisations work through the difficulties of enabling people with a learning disability to gain paid work, in their organisation, as project members. What is being attested to, in each of these three different practices, is how the discursive ideal of inclusion is actually being variously constituted. I foreground, in each of the three practices, the specific, complex and practical negotiations worked through to support the inclusion of people with a learning disability and, in doing so, highlight the different situational tensions that constitute these practices.

a) Person centred planning facilitators

One key aspect of inclusion within contemporary learning disability policy, as has been seen, is the requirement that individuals with a learning disability have equal access to the same choices as everyone else. One key practice for enabling of individual choice to facilitate more inclusion, developed through VP, is PCP[122]. For PCP to operate there are, within learning disability services, dedicated PCP facilitators. The role of the facilitator is to organise and regulate PCP meetings[123] and, crucially, to empower the individual on whom the PCP is focused and enable them to make decisions. Within the practice of facilitation, the enabling of inclusion emerges as a practical negotiation between the facilitator and the person with whom they work. The working through of a negotiation, as one facilitator explains, is a crucial component of the facilitation process and performatively enables an individual to make choices about what they want to do in a community context. This negotiation takes the form of a continual discussion over what the individual wants in relation to a specific issue.

> "Lucy has got in her plan that she wants to be a nurse and I know that most people looking at Lucy would think that's quite unachievable. But what I did

[122] PCP is described on page 14.
[123] Notably there are various pre- and post-meetings and other informal engagements because the role of the facilitator stretches beyond the formal planning meetings.

> with Lucy was ask her well what is it about being a nurse that you are interested in. Is it you like hanging around hospitals, you like the uniform, you like looking after people? Well what is it that means you want to be a nurse. After having lots of conversations it turns out that it is Lucy knowing what she could do if she was with somebody and they hurt themselves. She wanted to know the process of going through phoning the emergency services or how she could help someone who had hurt themselves. What we did from that was Lucy went on a 1 day St Johns ambulance first aid course and she got her certificate which she is really proud of. It's still within Lucy's plan that she would like to be a nurse, and that will always be there, but it was about finding out why she was saying that and actually is there something we could do that would take the first steps to that" (Jenny, PCP facilitator)

The role of the PCP facilitator is to actively engage with the individual over specific issues (in the above example Lucy's desire to be a nurse) and to work out how the individual can be included in wider society through enabling the individual's choices to come to fruition. In this example the abilities and aims of Lucy are not presumed, either in a positive or negative manner, but instead are allowed to unfold during conversations. There is a continual negotiation over what, given the context, can be practically achieved. The performance of the facilitator asking questions over a long time period is important in that Lucy's initial statements (about wanting to be a nurse) are not forgotten but are figured in terms of practically working out what, in this situation, can be done. Crucially, therefore, the enabling of inclusion in this instance, is not about directly achieving a single target, for example becoming a nurse, but instead is enacted through negotiation in which specific compromises are performed ('taking the first steps').

These performative compromises play out, for inclusion, in terms of the relationship between staff members and those they support. One facilitator highlights this in relation to organising staff to link in with the choices that individuals make in terms of providing support for activities in the wider community. She explains:

> "We have just set some younger staff on. And Neil who is 22 links in with some of the younger men we have at the service... They have walking groups

> and things like that and it is good to have people with them who are around the same age group. So they have a laugh and a banter and they don't want to be knocking about with old biddies because they would not choose to do that" (Erica: PCP facilitator)

The role of the facilitator, in this example, is to encourage inclusion via pairing individuals with a learning disability with support staff of similar ages. These support staff enable individuals to access activities in the wider community and make choices about what they want to do in a mainstream context. However, the facilitator recognises that to enable these choices and to get the staff that the individuals want to support them requires difficult practical negotiations. In this example there is a necessary negotiation between the facilitator and the support staff in order for the activities to be brought to fruition.

> "The staff are given a weekly rota and they are put in there for any skills they might have or preferences. That doesn't always happen because with preferences staff want to be outside or on the bus all the time and that would leave nobody here! But it has been a benefit having Nick here because he is younger and at times allows him to link in with the younger men" (Erica)

The facilitator highlights the difficulty of implementing activities that involve including individuals with a learning disability in the wider community. This would normally operate through the staff and the service user both having made choices about how support is provided for these activities. However, the difficulties that occur over the practicalities of support provision mean that the facilitator is required to continually negotiate how inclusion operates.

The need for inclusion to operate through the reconciliation of choices with practical difficulties is also apparent when PCP facilitators work to discuss, with an individual, problems that the individual might have in social situations. Two facilitators showed how their facilitation for one individual involved specific events of discussion where the individual was made aware of the consequences of his actions. This played out in terms of balancing individual choices with wider social sensibilities (namely the notion of being a good neighbour). Enabling one man to be

included in his wider community was deployed through a negotiation between what he wanted to do, an awareness of offending other people, and an awareness of both community norms and legal constraints.

> "One man was threatened with a conviction for thumping his neighbour and being threatening to his neighbour for a long time" (Jill, PCP facilitator and PCP co-ordinator)

> "These things were brought up in his meeting that if he continued to behave as he had been doing then he would lose his home. At the end of the day it's all about what he chooses. I mean we can support him so he doesn't get so stressed and annoy the neighbours" (Sasha, PCP facilitator)

> "There are things put in place. You look at how can we explore this, is there anything that anyone can do that will help you get less stressed. Is there anything that we can do to make sure your music is not on too loud?" (Jill)

This testimony highlights that, for this facilitation process, how to improve the specific situation required a negotiation between the individual's own inclinations and the modes of support that could modify his behaviour. In this context the role of a facilitator does not explicitly challenge the norms of behaviour within the community in which the individual resides, but nevertheless performs an active negotiation where these norms are dealt with practically in light of what will happen to the individual if they follow various courses of action.

These different examples of how PCP facilitators operate to enable inclusion for individuals with a learning disability show that the facilitation process involves a performative negotiation consisting of specific discussions regarding the direct issues at hand for the individual. Enabling inclusion in the wider community is done by facilitators focusing upon the practical implications of one choice compared to another. In other words, the facilitators work through singular instances of inclusion. These choices, including the specific difficulties facilitators have in providing certain choices, are situationally constituted through the relationship between the individual, those who support him or her, and the practicalities of such choices. In other words,

facilitation occurs through performed negotiations that are always related to the complexities of a specific situation. This is crucial because it shows how the process of PCP facilitation constitutes inclusion, in practice, not just in terms of changing the actions of individuals with a learning disability to correspond with normal activities and experiences. Instead, the practical enabling of inclusion is performatively constituted through the difficulties (such as not being fully able to meet your initial aspirations, staffing issues, or understanding of social contexts) and problems that correspond with having a learning disability and with facilitator's active negotiation of these difficulties.

b) Projects for political inclusion

Contemporary learning disability policy highlights the importance for people with a learning disability of being included as active members of society and of their local community. This is implemented at an individual level through enabling individuals to make more choices and to be active within community places *and* at a communal level through organisations (either charitable, profit-making, or government-funded[124]) that pioneer group projects in order to promote and enable inclusion. In this section interview material collected on two different projects is discussed. Although these two projects have different remits, they both operate on a group level and aim to enable group inclusion. These different projects both enact inclusion as a performative relationship that emerges in moments of group interaction containing all the difficulties of getting individuals with different needs to interact together. Because it is internally related to the dynamics of groups, this practice of inclusion differs from other practical deployments of inclusion, where inclusion is figured specifically in terms of an individual's actions within society.

Two interviewees detailed a project they had initiated in their local area consisting of a "parliament" style of political engagement. The interviewees supported local groups of people with learning disabilities to elect a figurehead akin to an MP who would act for their constituents and then bring any issues to local decision-making groups. The project co-ordinators set up and facilitated group

[124] The difference between how these different organisations operate is an important distinction that would require another research investigation.

meetings so that all individuals with a learning disability in the area could be politically included by making choices at these meetings and these choices would then be implemented and taken further by the elected MPs. The project co-ordinators highlighted that they worked to facilitate the interactions between different members:

> "a group is made up of individual selves. We have to help people to balance bringing forward different views and modelling them into a group view that can be taken forward by the representative" (Debbie, co-ordinator of group parliaments)

They further explain that the groups develop specific internal methods of communication so that each group can function:

> "The groups themselves have developed the rules, the ways of working and they go through those at every single meeting. Whoever is leading, one of the MP's who is leading the meeting, will say is every body ok with those ways of working today. So we are refreshing them all the time. And then actually as facilitators we don't have to intervene very often at all because if somebody is stepping outside of that agreement other members will remind them and say hang on we agreed on this" (Robin, co-ordinator of group parliaments)

However, the organisers stated that attaining full inclusivity was a difficult task because of the complexities of involving lots of individuals with different abilities. Instead, the organisers worked to facilitate an inclusivity that performatively emerges and changes depending on the individuals attending, the group dynamic and the topic being discussed. This is important because, as the interviewees state, different individuals have the potential to get involved at different stages and in different ways.

> "One MP was very very quiet for years of meetings... then there was a particular issue she felt very strongly about... I would not have guessed that she would ever be so vocal in a meeting" (Debbie)

> "if the only thing they bring is themselves then that is great and not everybody has to speak. They can participate in the group without needing to be vocal." (Robin)

Therefore the practice of organising, facilitating and running these "parliaments" enacts inclusion through the contingent difficulties of getting individuals with various interests and disabilities to act together. These difficulties are negotiated through various performed interactions: the internally developed 'rules', the changing topics that invigorate an individual in one meeting but leave them bored in others, the organisation of the group without everyone needing to be vocal and so on. Inclusion, in this instance, is inherently constituted by the particular negotiations that emerge between individuals functioning as a group.

The importance of these events where individuals interact was attested to by an interviewee whose project facilitates people with a learning disability to be more politically active in their local area. Similar to the first example, in this project inclusion is brought about through difficult negotiations between individuals in a group. The role of the group organisers is to make the group work as a group and, by virtue of this group consensus, make an impact in the local area. Therefore, while it is important that individuals get their own say, this is only done within a group dynamic. In other words, enabling inclusion is only done through the performance of a group interaction. The project organiser explicates the importance of this group interaction in relation to her work in making the group meetings run efficiently and producing a coherent group output:

> "We help people understand what the rules of meetings are. How people need to engage to make a meeting work effectively, how you can manage your time in a meeting setting. How you can make progress so if the group have got a real issue, like they don't feel that the local area supports them effectively and what they normally do is they come and moan about it. That is lovely we all like a good moan but what the facilitator can do is make it take that step forward and ask what can we actually do about the issue. So we can support people to engage with whoever it is that can actually make a difference." (Cheryl, project manager)

Furthermore, she explains that political inclusion for these groups is formed through actively engaging with tensions between the individuals in a group.

> "Sometimes it is really difficult for us as facilitators when some individuals don't get along and want to discuss different things for the group to take forward. What we do is we show how presenting a united voice is more powerful to get things changed. This involves exercises to find out what is important to everybody and then bringing these all together to form a group decision. We show them that it is tough as everyone will not always get their own way as the point is to get a consensus." (Cheryl)

The enabling of political inclusion, within this example of group projects, requires an event where individual concerns and tensions are negotiated in order to produce a group output.

These group projects where individuals with a learning disability are enabled to be more politically included, therefore, perform inclusion in terms of group relations and interactions. In other words, it is apparent that being included is not only about placing the individual within a political group but requires continually working through various difficulties that occur in getting groups of people with a learning disability together and the practical negotiations that need to be done to limit these difficulties, such as methods to engage everyone or exercises to enable groups to run cohesively. It is the interactive consistency (the practical and material make up) of the practice of facilitating group projects that forms how inclusion, in these events, operates. Apprehending the contingency of these practices highlights that this practical constitution of inclusion is deployed through the performance of the material constraints of group situations. There is a key differentiation, then, between inclusion being a situational negotiation with one individual and, here, a negotiation between different individuals functioning as a group.

c) Employing people with a learning disability as project workers

Increasing the number of people with a learning disability in employment and enabling equal access to employment opportunities is a key policy to enable inclusion. In this section I look at how a number of learning disability organisations[125] employ individuals with a learning disability within their organisation. In particular, the focus is on how staff members within these organisations work to enable the employment of more people with a learning disability in the organisation and the difficulties in facilitating their inclusion. A key tension when employing people with a learning disability concerns the need to have equality while also recognising the specific capacities and situations of individuals. One interviewee said that her organisation employed individuals with a learning disability to work as trainers and teachers on staff training courses:

> "We hired a team with two people with learning disabilities and two people who don't have learning disabilities and they stand side by side on a training platform and on an influential platform. We role model equality. You role model that this person has something to say because they are users, they are expert because they have been in the system" (Brenda, manager of a learning disability charity)

In this situation the interviewee explains that the individuals with a learning disability were given equal importance in the training work as everyone else. This resonates with contemporary policy in which equal rights underpin policy understandings of inclusion. However, as the interviewee also makes clear, the actual condition of having a learning disability means that those with a learning disability also have a *specific* input into the training programme, by virtue of the situation in which having a learning disability has put them. The interviewee describes this as "being through the system"; in other words, by having been diagnosed as a person with a learning disability, individuals have been provided support and gained experience, by having been supported, of how services operate.

[125] These are organisations which work for, support or in someway are related to learning disability care.

The importance of the specificities of having a learning disability for employment is further highlighted by two other interviewees. Here they discuss the practicalities of hiring someone with a learning disability to work within their organisation:

> "We can only employ people on the £20 a week scheme so it won't interfere with their benefits so we can only employ people for 3 hours a week at minimum wage..." (Kate, project worker for a learning disability charity)

> "...Another issue was that although we are based in x we also do a lot around the North of England so there would be an awful lot of travelling involved as well. So it would be finding someone who could do that travelling as well as delivering training" (Sue, project worker for a learning disability charity)

This testimony shows that the practice of hiring someone with a learning disability to work in an organisation involves working through practical difficulties. In one instance, including an individual in employment needs to be considered against disability benefits. Furthermore, travelling long distances is highlighted as something for which the specific condition of having a learning disability would be problematic. (it is unlikely, although not impossible, that someone with a learning disability could drive).

Indeed, another interviewee highlights that, when she tries to employ individuals with a learning disability in her organisation, the cognitive impairments of these individuals needs to be realised and taken into account. As she discusses, the fact of an individual having a learning disability is, in this case, a practical difficulty for hiring them as trainers and facilitators on an equal footing to those without a learning disability.

> "We do not yet know how to support people with learning disabilities to be co-trainers and facilitators beyond being able to show their expertise and their story. This is an issue as when people take a political stance and say it should be people with a learning disability teaching... the reality is that the skills and facilitation are so finely tuned and specific that it takes us such a long time to

> learn it seems unreasonable to expect people with cognitive impairments to learn that" (Fay, manager of a private company that provides training and teaching)

The interviewee later suggested that this is a controversial statement especially in light of how inclusion is portrayed in contemporary learning disability policy. Despite the controversial aspect of her statement, she does show that in practice employing people with a learning disability is not simply a movement into extending normal employment options.

What is highlighted, therefore, is how inclusion, within the practice of learning disability organisations employing someone with a learning disability, requires the performance of difficult discussions that take into account the material situations of both the employer and the individual with a learning disability who is to be employed. Enabling inclusion, in other words, is not simply about the extension of employment options to everyone. The specific practical situations of each person with a learning disability (including their cognition, their benefit needs) are, in practice, constantly worked through. I argue that, in practice, it is impossible to smooth over the difficulties that abound in trying to include people with a learning disability in mainstream employment scenarios. Crucially, it is also clear that the deployment of inclusion in relation to people with a learning disability differs in its performative constitution from previous deployments. In an employment situation, inclusion is always linked to the facilities and needs of the employer (and the job) as well as the employee. As was shown through the example of the organisation that hired individuals with a learning disability in a part-time contract, the wants of the organisation (to have someone with a learning disability who can bring their experience to training courses) is always linked to the specificities of having a learning disability and to the potential loss of their benefit payments for being employed over a certain amount.

3) Conclusion

In this chapter, I have shown how inclusion is discursively constituted within contemporary learning disability policy as the productive implementation of

normalisation. To be included, in this discourse, is determined by the bringing of people with a learning disability (through strategies of mainstreaming) into 'normal' situations and the provision of access to actions and experiences that everyone else has. Specifically, normal activities are understood as being employed, attaining education and training, living in your own home, having friendships and participating in local and political life. By analysing this constitution through the work of Foucault I have shown that this discourse operates by governing the lives of people with a learning disability through manipulating their actions to conform, as far as possible, with an idealised norm of living and a normality of actions. Furthermore, this normalisation operates through the discursive production of an idealised pre-discursive individual. However, this discursive constitution of inclusion is implemented through various practices that put into operation these mainstreaming strategies. I focused upon three such practices, the facilitation of PCP, enabling political groups and employing people with a learning disability as project members, and highlighted the situated and contingent complexities involved in each of these practices as inclusion plays out.

I argued that foregrounding these situated, practical constitutions of inclusion-formation show that inclusion operates by being inherently tied to the material and relational contingencies of each practice. For example, it was shown that the deployment of inclusion through the facilitation of PCP is different from how inclusion functions when organisations attempt to employ people with a learning disability, involving different strategies, different negotiations and different conjunctions of individuals performing different roles. In the facilitation of PCP the enabling of inclusion performatively operates through the facilitator's engagement with the individual over negotiations about specific choices. On the other hand, the enabling of employment for people with a learning disability in learning disability organisations shows that, in this practice, inclusion is tied to the material difficulties associated with employing someone with a learning disability. It is the situated and performative contingencies inherent in these practices that are constitutive of inclusion-formation.

The key argument I make is that by analysing both the discursive and practical constitutions of inclusion, I lesson the danger of subsuming these situated complexities to a simple idealised notion of inclusion based solely on an assumed

normality. Turning to Mol's (2007, 2008) theoretical engagement with practice, I argue that a recognition of these practical differences challenges the over-coding of this practical constitution through a pre-discursive ideal. If the implementation of discourse in practice is smoothed over, situated complexities get ignored and various material instantiations (for example, the situational importance of group relations in forming political inclusion) are ignored. In terms of inclusion, it is clear that the practical constitution of inclusion involves various specific and situated modes of negotiation, disruption and dispute (for example, the difficulties inherent in employing someone with a learning disability). Because of the material difficulties of supporting someone with a learning disability, inclusion is not an easy thing that simply obeys the assumptions and idealisations that learning disability policy propagates (that learning disabled people should simply be enabled to participate in non-learning disabled, normal activities and actions). Instead, various situated difficulties emerge, for example, as individuals hit members of the public or do not fit the modes of employment that currently abound, and then need to be performatively worked through.

This chapter echoes the arguments raised by Hall's (2004: 2005) geographic study of the inclusion and exclusion of people with learning disabilities in public spaces. Hall argues that the practical complexities of the different ways in which people with a learning disability construe and engage with different public spaces exceeds the binary of inclusion and exclusion suggested in learning disability policy. In other words, he argues that definitive determinations of what is inclusive and exclusive are problematic because they ignore the different ways in which inclusion and exclusion are lived out. This chapter extends Hall's narrative to the work of practitioners in altering the actions of people with a learning disability and shows that the discursive constitution of inclusion is placed into tension, and exceeded, by the various situated practical enactments of this discursive realm.

Making this point is crucial because not to do so risks missing the material performances that constitute how people with a learning disability live their lives and are supported by others. As both Foucault and Mol highlight, discursive assumptions can become naturalised and sedimented to the extent that different and alternative possibilities that could occur in practice become negated or presented in a pejorative light. By setting a pre-determined assumption of normality as the ideal basis for how

inclusion-formation should operate, situations can be judged against this ideal and an unsuitable idealisation prefigured as the aim for any inclusion-forming situation. For example, pre-figuring an ideal of "normal" full-time employment (DoH, 2001) as one of the constituents of inclusion risks judging any employment or work which does not meet this norm (for example, part-time or voluntary work) as simply worse than full-time employment.[126] Furthermore, while policy does recognise that this ideal is not suitable for everyone (that is, there is no suggestion that people with severe learning disabilities should be employed), it still functions as an ideal situation and therefore constitutes this normality as the best means, if possible, to be included.

Furthermore, the constitution of inclusion through an ideal of normal non-learning disabled individuals means that it is those with more severe impairments and more complex difficulties that get neglected the most because the practical difficulties that are required to enable their inclusion is ignored (see also Burton and Kagan, 2006). If the discursive constitution of inclusion is not critically apprehended, then the specific and contextual realities of enabling inclusion are neglected, leaving the lived experiences of those who are most different from this idealisation unaccounted for. Instead, a recognition of the tensions between discourse and practice enables the performative significance of the everyday difficulties of people with a learning disability (and in particular, of those with more severe learning disabilities), and those who support them, to be realised.

The recognition of the tensions between discourse and practice counteracts the danger of subsuming practical differences to a discursive constitution of inclusion but also shows that, in doing so, different experiences and ways of being included have the potential to emerge. If the events of inclusion-formation are ignored and are totally pre-determined by a sedimented discursive constitution of inclusion as normalization, the danger remains that the potential for new and different future ways and relationships of being included will be ignored. An understanding of the world based upon a fixed ideal of what constitutes a normal life is an appeal to, as Deleuze proposes, a transcendental idea of a "subject". Deleuze shows that the subject is formed through an "image of thought" (Deleuze, 2004 pg 164-208) such that it functions as a foundation upon which the world is understood and engaged with. In

[126] Of course, in some instances the discursive constitution of inclusion specifically for people with learning disability has parallels with non-learning disability discourses. This is prescient in the example of employment.

this logic the world is something out-there waiting to be discovered and experienced by what is construed as pre-discursive, transcendent 'subjects'. The subject (as an image of thought) thus operates as the foundational basis for the flow of life (Colebrook, 2002). I argue that the discursive constitution of inclusion mobilises a specific application of the transcendence of the subject because, by construing a pre-determined basis for the mentality of inclusion, there is a specific conceptualisation of what being 'normal' involves. As such, the subject itself is presumed as a pre-determined and pre-discursive category rather than as something that emerges through the world; as Deleuze (2006 pg vi) states, in this understanding "the abstract is given the task of explaining, and it is the abstract that is realized in the concrete". The consequences of this is that to ignore how inclusion gets formed in practice actually lessens and prescribes what inclusion-formation can entail because any determination of events of inclusion will be regarded in reference to this transcendental formation.

However, using Deleuze's philosophy, I propose that the recognition of the performative multiplicity of life produces an extensive and affirmative engagement because the material constituents of life are not bounded by pre-determined formations. As I showed in chapter 4, for Deleuze, there is a crucial task in recognising that there is no foundation to life, that instead the flow of life is pure immanence. What this enables Deleuze to do is suggest, that because there is no foundation to anything, things exist as multiplicities. This means that things do not have a definitive pre-determined existence but rather are made and performed and, as such, are constituted in terms of mobile and relational practical entanglements. As Deleuze writes, a multiplicity is designated through being done, through its relationality, through the "between, a set of relations which are not separable from each other" (Deleuze, 2006 pg vii). For Deleuze the crucial aspect of recognising multiplicity is that it provides the potential for creative amalgamations of multiplicities to emerge because these multiplicities are not based on any foundation but can become any form.

In terms of the mentality of inclusion, I argue that attesting to its constitution through the tension between discourse and practice provides the potential to recognise new ways that inclusion can emerge through. This is because, by not constraining inclusion to a transcendent subject, potential amalgamations of different inclusion-forming relationships can be apprehended. For example, embracing the practical

complexities of employing people with a learning disability enables a recognition that the actual event of becoming employed can create new modes of inclusion that are not prescribed by the discursive constitution of inclusion. In this instance an individual with a learning disability can take on, for example, some part-time work and some voluntary work and forge a different mode of being included due to the situated tensions inherent in providing employment for this individual, including, as was shown through the examples from interview material, negotiations over their abilities and their benefits. To ignore these performative tensions and complexities reduces the potential for any changes to emerge because all mobilisations of inclusion are figured in terms of meeting a discursive assumption.

The particular narrative that this chapter has taken to analyse the mentality of inclusion is important for further considering what inclusion, as a broader concept, entails. I have shown that the practices through which inclusion is enabled for people with a learning disability are discursively constituted, but in their playing out contain practical complexities that exceed this discursive constitution. By analysing how the mentality of inclusion is operating in learning disability care in this specific way this chapter critically apprehends the constraints that discourse produces for events of inclusion formation while also recognising the vital contingent tensions within these events that differ from and have the performative potential to go beyond these constraints. Applying this particular narrative to broader contexts provides an important instigation to consider what inclusion means, to consider the conjunction between socially and discursively defined notions of inclusion, as well as the multiple ways that inclusion is being performed in practice.

The analysis of the policy and interview material, culminating in the first key argument of this chapter, demonstrates the importance, in the context of learning disability care, of recognising that inclusion is both discursively and practically constituted. To neglect either of these aspects ignores either the discursive prescriptions that change the lives of people with a learning disability through linking inclusion with normalisation or denies the contingent complexities that can disturb this normalisation within practice. Crucially, I have used the work of Mol and Deleuze to diversify the potential modes of being included while also critically appraising the discursive manifestation of inclusion in terms of a singular assumption of normality. This empirical context is useful for thinking about broader

considerations of inclusion-formation because people with a learning disability, in their capacities and their experiences, can differ distinctly from the assumed normality that policy propagates as the basis for inclusion. Policy, in some way, recognises this because there is a specific policy focus to bring these individuals into mainstream services, with specific strategic practices being implemented, for example PCP. In other words, individuals are recognised by virtue of their situation as currently excluded from these services. Furthermore in the practical constitution of inclusion the different tensions and complexities that enable the inclusion of individuals with a learning disability are particularly obvious due to the nature of their support. For example, it was shown that PCP facilitators need to negotiate with an individual in terms of choices they make concerning their inclusion in the wider community. In this situation I attested to a crucial tension that the facilitator works through with the individual between the implications of doing something in social situations and what the individual wants. This is particularly distinct for individuals with severe learning disabilities who require more assistance to be able to access social spheres and may not be able to participate in the idealised prescription of actions of inclusion-formation. I also highlighted that employing people with a learning disability as project workers depends upon the specific material situation of the individual and the employer, and therefore the actual abilities of the individual are a key constitutive element.

This narrative is important for wider debates concerning how each and every one of us is constituted through discourses of inclusion, precisely because the very nature of having a learning disability strongly differentiates the lived reality of enabling inclusion from the idealisation of a normal, included individual that policy supposes. This analysis shows that there is a clear tension between discursive idealism and practical performances and, because of the material reality of having a learning disability, this tension is particularly acute. Applying this to how people *without* a learning disability are governed through inclusion, this narrative exemplifies the importance of recognising the key tension between the discursive and practical constitutions of inclusion. In other words, the acute tensions apparent in the context of learning disability care can be effective in terms of broader concerns because, in their clarity, they provide a narrative purchase upon the operation of inclusion. Different contexts might lack this clarity because in some situations these tensions can be less

obvious in that there is less severe differentiation between the idealised constitution of inclusion and the practicalities of implementation.

Furthermore, returning to the difference between inclusion within contemporary learning disability policy and that of wider policy, I would propose that there is a need, in terms of academic work on broader contexts of inclusion, for tracing specific discursive constitutions through to their actualisation in practice. The majority of academic work on inclusion aims to critique dominant discourses of inclusion and its configuration alongside exclusion. This work does recognise the practical implementation of these discourses and of resistances to these policies (see for example MacLeavy 2008). However, the primary interest in these works is not upon the relationships and tensions between discourse and practice, but rather is a critical reading of the discursive constitution of inclusion through practices which initially set out to resist these discourses. The narrative taken in this chapter highlights that, by considering the relationships and tension between specific discursive and practical constitutions of inclusion, these tensions themselves actually present a critical argument against any dominant discursive constraints. I argue that these constraints are undone within their very performative actualisation. Therefore, by showing that inclusion, in the context of learning disability care, operates within the tension between the discursive and practical realm, this narrative presents a useful contribution to the broader critical analysis of policies of inclusion.

CHAPTER 7: THE MENTALITY OF SELF-KNOWLEDGE

Contemporary learning disability care, as previously discussed, is based upon the independence of individuals and the provision of personalised support. A core component of this is the requirement that people with learning disabilities have more choice in their lives and be more included through being enabled to undertake 'normal' actions. Related to both choice and inclusion is the idea of self-knowledge, that knowing yourself is important. As has been shown, this is manifested through strategies that focus on elucidating an individual's knowledge of themselves so that they can make choices and by facilitating inclusion through what individuals, themselves, want. This chapter investigates how this mentality of self-knowledge is discursively constituted and then contrasts two different practical implementations of the mentality: that of providing staff training and that of frontline care practices. The aim is to trace how the discursive constitution of self-knowledge gets implemented in practice through the tensions and differences that emerge across two different practical situations (in other words by tracing the translation of training into frontline practice).

By comparing three different realms (the discursive, training practices and frontline practices), this chapter highlights that different practices constitute self-knowledge differently and that these relate to their own discursive constitution. I argue that the discursive constitution of self-knowledge operates by assuming that knowing more about oneself is essentially a positive and problem-free manoeuvre, and that one's internal truths, with the right tools and methods, can be simply communicated to others. In the conclusion to this chapter I will critically show that this discourse problematically rests on a conceptualisation of the subject as having internal pre-discursive truths waiting to be exposed. Drawing from interview material conducted with practitioners who work in training contexts to train frontline staff in the values and strategies that VP and VPN require, it is shown that within the practices of training this discursive constitution of self-knowledge is actually performatively intensified by the logic that knowing more about oneself is a positive endeavour being extended to the staff attending and to the trainers (as well as the

application of this self-knowledge to the people with learning disabilities that these staff will then go on to support). However, this practical constitution of self-knowledge is then contrasted with its deployment in frontline care practices. Using interview material conducted with various frontline care practitioners, I show that the enabling of self-knowledge, and the communication of this self-knowledge, is performatively constituted in these practices as a more complex and problematic deployment. This is because the material difficulties of supporting someone with a learning disability and the situated and contingent constraints of support provision (for example staff shortages, time constraints and so on) alter how self-knowledge is enabled.

Following this narrative I conclude this chapter by arguing that critically analysing the relationship between the discursive constitution of self-knowledge and the two practical constitutions of self-knowledge is important both conceptually and empirically. I analyse the constitution of self-knowledge discursively and the extension of this constitution in the performance of training practices, through the work of Foucault, as productive of an understanding of self-knowledge as a positive process of finding the truth within oneself. By contrasting this understanding with the complications of enabling self-knowledge within frontline care practices, I argue that to neglect these complexities can lead to the assumption that enabling self-knowledge is a simple event of truth extraction (from a pre-discursive subject) and a wholly positive manoeuvre. The problem with this, in an empirical context, is that frontline support can be judged according to how much it corresponds to ideals set in training when in fact to do so neglects the contingent and performative aspects of how people with learning disabilities are supported.

This is drawn out into a broader conceptual argument where I propose that exposing these differences, through analysing the relationship between discourse and practice (and the relationship between practices of training and frontline practice), has the potential to destabilize a contemporary Western ethos that is based on finding the truth within each of us. By exposing the complexities inherent in how frontline practitioners enable individuals with learning disabilities to have more self-knowledge, I show that these complexities exceed the logic of truth-finding projects. Furthermore, I propose that the idealised logic of uncovering truth is in fact a performative project, in that it is continually being done (in this instance through the

rolling out of training and the translation of this training into frontline practice). This performance is shown to be a mode of governing that acts to manipulate the actions of those involved (both the practitioners and individuals with a learning disability) and, as such, is a contingent deployment. Recognising the performative translation between training and frontline support exposes the tensions in such a translation and shows the potential to disturb the linking of self-knowledge to a holistic and completely positive project of the discovery of internal truths.

1) The discursive constitution of self-knowledge in contemporary learning disability policy

Unlike the previous two mentalities (choice and inclusion), self-knowledge is not present in policy as a distinct concept or value. Instead, self-knowledge is made present discursively through an underlying logic, manifested in other mentalities and practical strategies, that understands the enabling of individuals to know more about themselves as an essentially positive manoeuvre. In this logic the enabling of individuals with learning disabilities to know more about themselves and communicate this knowledge to others (so that others can understand them and know about them) is central to providing these individuals more choice and enabling their inclusion. The introduction to VP highlights that the rationale behind this logic is that "each individual should have the support and opportunity to be the person he or she wants to be" (DoH, 2001 pg 23). This discursive constitution is conceptualising the individual as a stable and coherent being with an essential core (who they 'want to be'). Therefore every individual is understood as having their own unique identity and essence which it is useful for them, as individuals, to know more about.

This rationale recognises that individuals with a learning disability require support to know more about themselves so that they can, like everyone else, be who they 'want to be'. To implement this support there are a number of strategies that are discursively constituted to help support workers enable people with learning disabilities to develop more self-knowledge and express this knowledge. These strategies are known, in this context, as tools: it is expected that those who work with people with a learning disability will, with the individual with whom they are working, employ a specific tool depending upon the task and the situation of the

individual. These tools include[127] PCP, maps (a tool designed to map out an individual's future based on their history), path (a tool which focuses on an individual's future dreams and works backwards from there), Essential Lifestyle Planning (ELP) (a tool which begins with what is currently important to the person and builds an action plan to improve this situation), and circles of support (a tool which maps out the relationships an individual has and works out who is most important to the individual) (DoH, 2002).

Within these tools PCP figures as a meta-tool because it is a strategy that policy (DoH, 2001, 2009) promotes for everyone with a learning disability. The other tools are not mentioned in either VP or VPN and it is not expected that these tools will always be used. PCP is much broader than the other tools, requires more planning meetings over a longer time period, and is concerned with the whole of an individual's situation. This differentiates PCP from the other tools because they focus on specific concerns relating to the individual (for example, circles of support which focus on an individual's relationship network). As such PCP is the main tool used in support situations with other tools called on throughout an individual's PCP to help elucidate knowledge in terms of a specific concern. An implementation guide to PCP (DoH, 2002) published alongside VP details the aims of PCP: "person centred *planning* discovers and acts on what is important to a person" (italics in original, ibid pg 11)[128]. Therefore PCP is used to enable an individual to discover more about themselves, to gain more self-knowledge, and through this produce practical actions to further what the individual wants. The process of this discovery, in PCP, is mobilised through the deployment of the other tools (described in the implementation guide as "different planning styles" of PCP (DoH, 2002 pg 15)). The guide explains that all the tools have a different emphasis but, crucially, all work through supporting individuals to elucidate knowledge about themselves.

> "These different styles of PCP and others developed from them, are all based on the same principles and share the same key features. All start with the

[127] The tools mentioned are the predominant nation-wide tools. However, following the current geographical focus on localism, described in chapter 2, these are commissioned and implemented locally.

[128] The italics are used in this instance to emphasis that PCP is a specific strategy (a formal type of 'planning') and is different from person centred *approaches* (which are continual, informal, broader culture changes in service provision) (DoH 2002 pg 11).

> person's capacities and what is important to them and end with the necessary actions. They differ in the way in which information is gathered and whether emphasis is on the detail of day-to-day life, or on longer term plans for the future. It is important not to spend energy debating what is the *best* planning style but consider which style might be best used in particular circumstances. Styles can be used to complement one another" (DoH, 2002 pg 15)

Furthermore this engendering of self-knowledge is not only constituted solely in terms of the individual but is also understood as something that needs to be performed in relation to others; self-knowledge is also expected to be communicated to significant others. These tools all work to elicit the transference of an individual's knowledge about themselves to significant others so that these significant others can provide support to implement the exposition of self-knowledge into practical changes. The implementation guide suggests that good PCP "takes its lead from sustained, careful listening to the person, in whatever ways the person communicates... [taking] time to get to know the person enough so the person can trust them and communicate effectively with them" (ibid, pg 13). Therefore, the guide presumes that the communication of an individual's self-knowledge (with significant others having knowledge about an individual) is vital to providing good PCP. Furthermore, this is motivated towards producing actions, towards changing an individual's life, given that it is stated that PCP:

> "is an ongoing process of working together to make changes that the person and those close to the person agree will significantly improve the quality of the person's life. Those involved may write plans in order to remember and communicate what they have learned about what is most important to the person, but the purpose of person centred planning is to motivate and support thoughtful actions" (ibid, pg 14).

However, it is also expected that self-knowledge is to be enabled throughout an individual's life and not just in specific tool-based scenarios. Policy stipulates that services and workers are expected to enable those they support to know more about themselves and communicate this knowledge in informal, everyday situations. This is

"about embedding the principles of personalisation within all aspects of planning, commissioning and delivery of support services" (DoH, 2009 pg 37). The expectation is that personalised support is an ongoing process and does not only operate within specific situations (such as in a PCP). Furthermore, the implementation of the outcome of tools, which operate by getting people with learning disabilities to express their self-knowledge, occurs in everyday situations not just in the formal tool-based situations or meetings. For example, at the event of using the "path" tool with an individual it may be communicated and documented that the individual would like to be more active in planning and cooking their own meals. However, the implementation of this extends beyond this event and requires continual support so that the individual can elucidate something about themselves in this everyday support context. This involves a changing of service provision to a culture based on responding to the individual and enabling the individual express themselves: a person-centred approach (DoH, 2002 pg 63).

I propose that this policy constitution is conceptualising the extraction and communication of an individual's self-knowledge as essentially a positive process. That is, it is through finding out more about oneself that individuals with a learning disability can be enabled to make independent choices, become included and have more control over their lives (DoH, 2001, 2009). This discursive conceptualisation thereby understands individuals as having an independent identity containing a coherent truth about the self which, with the right tools and processes, can enable the individual to access and communicate to significant others. Within this logic, having more self-knowledge is about discovering a truth of one's own self and, through extracting and communicating this truth, acting upon it to positively improve one's life. In the concluding section I turn to the work of Foucault to critically analyse this discursive constitution.

2) The constitution of self knowledge in training practices

For this process of producing more self-knowledge to be implemented, it is stipulated that support staff require training in these specific tools and in general

person-centred approaches (DoH, 2002 pg 59-63)[129]. There are a number of specific training courses[130] that now provide services with training in person-centred tools and approaches. This is done through a variety of techniques that revolve around teaching staff how to enable their care practices to be more focused on the individuals who they are supporting. A key component to these courses is the development of methods to help the attendees learn how to enable the individuals they support to know more about themselves in order that these individuals can make choices and express themselves better. This section discusses interview testimony from 10 different trainers who were interviewed about how they organised and ran their training courses. The discussion is based on descriptions of the interviewees' work in relation to how they put into operation the notion of self-knowledge and the various practical techniques that they use.

a) Training methods

The training courses begin with initial talks and discussions that are used to inform those attending about the values and ethics that underpin the personalisation agenda and the training course itself. One interviewee describes the structure of her course: "the first day is basically about the values. And we stress the important thing with person centredness is the values" (Carol, trainer on a person-centred training course). The importance of this focus on values is highlighted by another trainer who states that this part of the training is crucial and mandatory for any proceeding training: "we always say that if people miss the first day they can't come to the rest of it because if the values aren't understood then don't do it. Go no-where near people" (Claire, trainer). Furthermore, this initial focus on values is used to contextualise the subsequent training that goes into specific detail on the tools. In this situation the practical exercises are to be understood in terms of wider values: "it's much, much broader than just doing a plan, for example, it's a whole ethos" (Wayne, trainer in PCP). In these practices of training, initial discussions and presentations are used to establish a foundation in the values of personalisation. This is crucial because the

[129] This is different from, but often done alongside, other training needs such as health and safety, protection of vulnerable adults and children, and manual handling, for example.
[130] These courses differ depending on the context of the course, who is commissioning the course, who is attending and the different approach taken by the trainers.

methods and tools that are taught to enable the attendees to support individuals to expose their self-knowledge are routed in idealised values of personal independence, inclusion and autonomy.

Following these less interactive styles of training,[131] training courses then involve the attendees in various practical exercises and techniques to learn about methods to enable those they support to express their self-knowledge. As one interviewee exclaimed:

> "we work by challenging them [the staff attending the course] rather than the expert teacher at the front and everyone takes notes. We work in the way people should work with users in the services. So that is about getting engaged, getting to know them as people, getting to know what they think and why they think in such a way" (Gavin, manager of a company that runs training courses)

In this section of the course[132] the attendees experientially perform the tools they will then use with the individuals they support. Although different training courses spend more time on certain aspects of the tools and upon certain tools[133], depending upon the situation of the training course (who is being taught, the interests of the trainer and whether the service in which those attending work requires certain tools), they all work through the tools in what was described as a "tool box" approach. Each tool is taught in terms of what it does and does not do through experientially practising the individuating components of each tool. This is done so that the tools can be compared and those attending can learn about what tools to use in what circumstance: hence a "tool box," where you can select a tool depending on what the situation requires.

> "We teach the dangers in sticking with one tool or in choosing one that fits, when one never completely fits. We show how you look at what the person wants and look at how you are going to get there. If there's different bits you need to look then we show that you can nick bits: a bit of a path a bit of a map.

[131] These initial sections differ in length and content for different courses. For example this initial stage is just an hour long for some one-day courses whereas it fills the whole first day for week-long courses.
[132] In all the courses this section is the predominant part and always took the longest time.
[133] All the interviewees highlighted that their training courses taught PCP (with PCP forming the majority of the practical exercises in the training) whereas the other tools were not always taught (and would be covered in varying amounts of detail).

And also the different tools are used at different times of planning as well" (Claire)

This experiential "tool box" approach of teaching the tools was even more explicitly highlighted by another trainer:

"We do one thing at the end, it is one of our last exercises. We have case studies and we actually get them to say what would they do first and what tool they would use. It is to talk through which tools make sense in a situation... We would describe it as a tool box, we have different tools that do different things. So if you want to make something big happen then you would go for something major like a path. But if you want something small you want to change the here and now you would go for ELP." (Carol)

Alongside these core tools the training courses also used a number of other smaller, more individually-designed methods to help those attending learn about ways to enable those they support to gain more self-knowledge and communicate this knowledge better. These non-tool based strategies are more informal techniques and methods of communication and discussion designed to get the staff in training to think about the communication and confidence issues that those they support might have. One course used a method of an interactive "icebreaker" game to get the individuals attending to think about communication and about gaining knowledge from other people.

"So is it a game or something similar?" (Myself)

"Yeah it's a game where they talk to the person next to each other and some people already know each other. It is for them to try to find something out about the person that they don't know already" (Brian, trainer)

"It's also not like giving people just loads of information. It's to get people relaxed and not put off or frighten people. So it can be a fun day not all high

> brow and you know you can have a relaxed time. Making it interesting so that people are not too bored" (Tim[134], trainer)

Another course uses picture-based communication cards to discuss alternative methods of communication and get the attendees to performatively engage with these different types of communication (especially non-verbal communication).

> "We get people to use these picture cards to show how pictures can be used to explain things and understand someone's communication. We also get them to draw pictures that represent themselves and play a game where they use an animal to represent themselves and act out how they feel they are like the animal. It is all about communication and actually doing ways of different communication" (Joan, trainer)

These informal techniques are used so that the staff can experience how different communication methods feel and what they entail. The aim is not to learn formal means of alternative communication, such as Makaton[135] or sign language (of which there is specialist training if these are required), but instead to stage a performance where the attendees can inhabit different types of communication styles and experience what it feels like to use these types of communication.

b) Learning by knowing oneself

These training courses operate through the attendees experientially performing the exercises they will use to help those they support know more about themselves. In so doing self-knowledge not only appears as something that is learnt with respect to those they support but also is an integral part of the learning experience via an inflection through the staff who are attending. This inflection works by the attendees performing acts of gaining self-knowledge themselves and, as will be shown, is a performative extension of self-knowledge, as an exposition of one's internal truth, onto those attending the training. In these events self-knowledge is crucial not only

[134] Tim was one of the few interviewees who has a learning disability.
[135] Makaton is a language system designed to enable those who do not use words to communicate. It involves gestures, pictures and signs.

for staff to learn about how to help those they support but also as an integral part of the learning and training process itself.

The technique that the training uses within the experiential exercises is to get the attendees to apply the tools on themselves. This is done by configuring those attending as the core people for whom the tool is trying to help. The importance of this, as one trainer highlights, is to perform these exercises so that the attendees can recognise how these tools work in terms of their own experiences: "we get them [the course attendees] to practice PCP on themselves and with one another so it becomes meaningful in terms of their lives" (Gavin). Furthermore, the experiential aspect of using these methods on oneself is crucial to aid learning and to understand the operation of the tools. This is highlighted by a manager of a company providing training:

> "we make them do their own before getting them to even thinking about doing them with anyone else because one of the key tenets is it is experiential and we have to experience it with ourselves before we do it with anyone else" (Heather, manager of a training company and trainer)

Getting the attendees to learn about the tools, therefore, requires them to learn how to extract and realise things about themselves and communicate this knowledge to those around them. Indeed, the centrality of this inflection of self-knowledge through the attendees is highlighted as an integral part of the learning process:

> "I have had some issues in the past around staff coming on the training and not wanting to do a plan on themselves which is one of the criteria for the course. People would say things like, well I have just gone through a really difficult time in my life and I don't really want to put that down and I don't want people looking at it and knowing about me. We turn that around and say well we are quite happy to do that with the people we support. So I go through these things with people on day one." (James, trainer)

This performative inflection is exemplified by one trainer in reference to a 'relationship map' exercise.[136] In this exercise one attempts to elucidate who is close to you via a diagramming of your relationships with people. The knowledge one gains about oneself is played out through the communication between two partners with one acting as a facilitator for another. Gaining more knowledge about oneself and communicating this knowledge is put into operation as a means to learn about how to enable the communication of knowledge within their support work. One of the trainers, who focuses specifically upon person-centred tools, illustrated the importance of this requirement and how it is achieved:

> "we take them through a very simple exercise called a relationship map, which looks at circles of support. Those people who are really close to you in your life, your associates, your friends, your family. Then the people you work with, the people who give you paid assistance, your bank manager for example. Then there are people who are off the relationship map. We expect everybody to do all of those things. So we give people a piece of paper and you would do it for me and I would do it for you. So you are modelling facilitation right the way through" (Andy, trainer in person-centred tools)

Therefore, the performance of this relationship map re-enforces the importance of applying a tool to oneself as an experiential learning style. This style involves experiencing, as best as possible, the situation of supporting a person with learning disabilities to use these tools: "It is about getting an understanding of what it is like to be asked those questions, to understand how somebody interacts with you and to understand what you are actually asking" (Andy). In other words, there is a performative instance where the training of these tools is carried out by using the tool on the staff themselves.

Furthermore, this training also uses reflexive thinking as a core component of the learning process. Methods that encourage reflection are used so that the interactive forms of training (the tools used to facilitate self-knowledge) can translate into something that is applicable to the everyday work practices of the staff attending. Attendees are made to consider how the techniques and tools they are undertaking not

[136] This exercise is part of the tool 'circles of support'.

only affect themselves but also, by virtue of the realisation of this effect on themselves, affect those they support. Within one training course, this reflective knowledge worked by carrying out exercises upon the attendees themselves in small groups and then sharing experiences with the larger group.

> "We have a break and from then up until lunch we will be doing 2 or 3 person centred exercises. This involves getting people to think in a person-centred way. We do that in pairs or for people to share in a very small group and then ask for examples. So you get a couple of brave people sharing what they have done and where they have got up to." (James)

The sharing of self-knowledge (an exposure of an individual's self-knowledge to a wider audience) enables the group as a whole to reflect on where they will be using the tools through a direct reflection and discussion of a few individual's plans and the way that these individuals have used the tools on themselves. The trainer shows how he questions the attendees about their own work environments.

> "We ask them, how person centred do they think they are and to reflect and think about the services they have come from. And also them as a person, what values do they think their service has, what values do they think they have. How do they talk and interact with the people that use their service and what about the information that is around: is it for staff or is it for the people that use the service. Would they say they treat people with respect and in an empathic way?" (James)

This questioning is used as a technique to link the tools being taught with past experiences. These training practices are instances of reflection used to support and ground the importance of increasing self-knowledge. A performative space is construed in these instances, through the body of the trainer, in which the extraction and realisation of one's internal truth is a positive manoeuvre.

This is exemplified by an interviewee who highlights that his training course uses reflexive techniques in a pedagogical manner to teach about communication. He mentions that the course discusses ways of communication by getting the attendees to

reflect upon their own communication with those they support (including the difficulties in phrasing complicated questions).[137]

> "We teach the ability to learn to be self reflexive and understand when a question goes too far. So we go through and teach how, if the question is an important one and needs to be asked you need to get an understanding of that person. how you can approach it in a different way" (Andy)

> "How do you do this in the training then?" (Myself)

> "We show them that it is about gaining an understanding of the levels of closeness, the appropriateness of what you ask about them" (Andy)

Therefore, the reflexive component of the experiential training style is actually being taught as a method, in and of itself. The performances of reflection are a repetition and re-enforcement of the positivity of everyone having more self-knowledge because these performances are being experientially staged as methods to understand oneself, communicate this understanding to a wider audience and then act on this understanding.

Furthermore, a number of trainers also highlight how they, as a trainer, work in a reflective manner by performing, themselves, a number of exercises to reflexively consider how to structure each individual training course. One interviewee discusses the importance of knowing the people she is training and why they are coming for the training:

> "I find out where people are from and what jobs they do. Whether they work in services, whether they are someone who uses services, or whether they are a parent.[138] Then I try and make the training as relevant to them as possible. I think it comes with the experience of being a trainer, we couldn't have said that a few

[137] Although, in this case, the interviewee does not refer to non-vocal methods, many non-vocal methods of communication are also used.
[138] This trainer also operated a number of other courses for people with a learning disability and for parents of people with a learning disability.

> years ago and I think if people are only here for the day I need to make this course relevant to them." (Joan)

These reflections are used to assess the course in light of who is attending in order to produce a more relevant course. The interviewees also stated how, as a trainer, they communicate their reflexive assessments to those attending by making them aware of why they are doing certain exercises. This portrays a holistic approach towards engendering more self-knowledge in that all those present (the trainer, the staff attending and the learning disabled people who will be supported in the future) work to discover more about themselves and communicate this knowledge. One interviewee explicitly mentions the central importance of this reflective manner:

> "We then work together for an hour or so to all reflect on our values and how we support people... so all the examples that we work through in the person-centred thinking course, the tools and the exercises that we do are based around this reflection and about yourself" (Joan)

This is orientated, as another trainer highlights, around the attendees and how they can utilise this self-knowledge in their support work:

> "we ask people to reflect on the training and to think about something that they can take back to wherever they have come from and what practical ways they can get going with working or supporting people in a person-centred way" (James)

Therefore, the enabling of self-knowledge operates through those participating being made to undertake the tools and methods of this knowledge creation upon themselves and reflect upon the process of enabling and communicating self-knowledge. Knowing about yourself and communicating this knowledge operates in these practices through a logic which supposes that enabling more self-knowledge produces better results. Importantly, these "results" are constituted not only as better support provision for people with learning disabilities but also as the best way to learn about tools and how to enable self-knowledge. The continual performances of

divulging self-knowledge from the course attendees (and also from the trainers themselves), situates this divulgence as a crucial act of successful learning. What is being performed in these instances of training is an aim of getting all individuals to express themselves. This fixation upon uncovering the truths about oneself, including a reflection upon one's situation, experiences and desires, in its performance, construes a positive idealised version of knowing oneself, communicating this knowledge and, thereby, knowing more about others.

3) The constitution of self-knowledge in frontline care practices

The tools and techniques that attendees learn about in these training courses are applied in a frontline care environment in order to enable those they support to extract more self-knowledge. I discuss, in this section, the implications of this application by investigating how the enabling of self-knowledge is put into practice by practitioners who work to support individuals with a learning disability in frontline care settings. This is done by drawing from interview material conducted with 9 individuals who work as frontline care staff for people with learning disabilities.[139] I consider the situationally-bound difficulties and complexities that occur in staff's support practice in relation to enabling those they support to know more about themselves. This is divided into two types of support provision: firstly, the implementation of specific tools to enable self-knowledge, and secondly, the usage of informal methods of enabling self-knowledge that are non-tool based. This section shows how the performative contingencies of providing support, and the complexities inherent in these contingencies (in particular those that arise from time constraints and staffing issues), are crucial formative components of enabling self-knowledge.

[139] Although these individuals have different job descriptions and responsibilities (some work as care assistants whereas others are team leaders), they all work face-to-face with people with a learning disability. This is in distinction to office based managerial staff or those who work as trainers, for example.

a) Tool-based support situations

The enabling of individuals with a learning disability to have more self-knowledge is practically implemented, in frontline care practice, through staging events where practitioners use tools with the focus person. However, in the provision of support for people with learning difficulties, a key problem is staffing difficulties and these difficulties affect events where tools are being used. The tools are implemented by getting those who know the person well to collaborate with the target person in an organised situation. As one interviewee explains in relation to PCP:

> "when we are doing the plan for somebody we involve as many people around that have any interaction with that person. Sometimes it can be very small sometimes there can be quite a lot of people there. The more the merrier really, for the information" (Emma, senior support worker)

Enabling self-knowledge is not just about the target individual but also the interactions that this person has with others. This can require both facilitators and staff who know the individual to be present at specific situations. The need to get enough facilitators and staff who know the person is complicated by services often not having enough or the right staff. A number of frontline care staff who work as PCP facilitators stated that they had difficulty in undertaking the tasks associated with facilitating the operation of these tools alongside other work commitments. One interviewee who works as a co-ordinator[140] for PCP facilitators within a supported living service said that:

> "we [the service] have gone through various stages of having different numbers of facilitators. The problem with facilitators is that they have other jobs as well. You have a limited pool and the good ones tend to be ones doing other things. Actually paying them on top for more time depends on the organisation" (Karen, PCP co-ordinator in a supported living service)

[140] The interviewee worked as a facilitator but also had the role of co-ordinating all the facilitators within a service and making sure they had adequate training, could meet their work commitments and was the first port-of-call for any issues the facilitators might have.

Therefore, because of work and budget constraints this service has difficulty getting enough facilitators and enough 'good' facilitators into the job. Other interviewees highlighted difficulties in getting all the staff who know the person well to be there when tools are being used. One senior support worker discussed how it is difficult when new or inexperienced[141] staff have to be used to support someone in tool-based situations. The difficulty arises because new staff will not be experienced in the individual's methods of communication.

> "With communication, when using tools it is not just about learning formal systems it is more about how much you know the person and what you have learnt from supporting them. A lot of new staff they struggle. Someone with profound learning disabilities may use many different ways to communicate and understanding. This is something you build up over time with them and you also build up trust" (Deborah, senior support worker)
>
> "So how do you bring this experience to when you use tools" (Myself)
>
> "When you bring these things that have been built up over time, to when you are doing something like PCP, you can actually realise what people want and are saying over the course of their life not just in the meeting. For example, as part of PCP we use the tool 'what people like and admire about me' with our tenants. And it is our experience that we bring to this. Both in terms of what we already know about them and through knowing communication styles. So with say one lady she may not talk at all but she has an amazing smile and we know what that means so we can write it down in her 'what people like and admire about me' so others know to look out for it. So there are qualities about people that if you are new you wouldn't know and you would have difficulty doing the tool with this person." (Deborah)

These staffing issues are time-dependent because the support staff who use these tools often have limited time due to other work constraints. This aspect is central to the need to concretely and efficiently record information on the individual

[141] Inexperienced in relation of the individual with whom they are working.

being supported. Frontline care staff record when tools are used, how they are used and any outcomes. This was expressed as being problematic because, due to time constraints, the easily recordable aspects of the tools are prioritised at the expense of other aspects of personal support that are less easily recorded and monitored. One interviewee who works within a day service describes the logic that she goes through to make the tools that the day service uses (in this example person-centred reviews[142]) more efficient due to time constraints.

> "I have organised the updating of the reviews and when I do go through them I try to condense them as well. Because when we first started it was a bit flamboyant with loads of graphics in it. But that is the time consuming bit, it is getting the graphics, the photographs and so on. So as we have maybe changed a photograph for a more updated photograph but then have taken a lot out so it is more condensed and it is more readable" (Ellie: team leader)
>
> "How do you decide what to cut out?" (Myself)
>
> "Well not much writing just with the graphics really. It is all quite regimented and efficient: what is important to me, what is second important, what is third, how to keep me healthy and safe, what people like and admire about me and things like that. So there are specific headings we use" (Ellie)

The need for efficient, quick deployments of this tool affects how knowledge of the individual supported is both enabled and then presented. Performances of enabling self-knowledge, in this practice, cannot be separated from the difficulties of time management and the allocation of scarce staff resources. A PCP facilitator elaborates upon this concern in terms of the need for new staff to read and use the documentation of these tools within their work.

[142] Person-centred reviewing is a tool derived from PCP. The key difference is that person-centred reviews are smaller scale and used to update and renew the results of the broader outcomes of PCP. A number of interviewees highlighted that these reviews are important tools because they can be implemented quickly whereas larger scale tools require more planning and more staff. The usage of these tools therefore provides a continual implementation of personalisation.

> "You can pick out a headline. Say you want to write something for bank staff.[143] So they are going to come in and in order to support this person in 10 minutes, this is what you need to know. So if I was going to support you I would need to know this that and the other: I need to know you wear glasses and if you haven't got your glasses you are not going to read anything. Or that this happens at this time. Or I need to know when you say stop it means stop but when you say no it means ask me again later. These are essentials. The point of prioritising the essentials in the tools is so you can draw out some of those things and if you were a bank staff coming in for no more than an evening then you can understand these essentials" (Toby, PCP facilitator)

The interviewee describes how information is prioritised, in the deployment and transcription of these tools, so that new staff are provided information about the tool-based situations they will need in their work. These tools, which are used to enable and communicate self-knowledge, are therefore styled so that they can be read and understood by new staff.

As well as the need to provide new and temporary staff with information and knowledge about the individual being supported, time difficulties also figured within the need to monitor and record the usage of personalisation tools. The recording and monitoring of person-centred support tools is crucial because the Care Quality Commission (CQC) (formerly CSCI)[144] monitors person-centred services and therefore requires records that validate that person-centred tools have been used and that the service works in a person-centred fashion. One interviewee states that tools have to be "up to date" when they are inspected, thus adding more time pressures to the service.

> "It is all pretty current and has to be because we are inspected by CSCI[145]. That is why this is all happening this time of year because CSCI tend to come round autumn, winter to check and like things to be up to date as possible." (Lucy, support worker)

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[143] The interviewee uses the terminology "bank staff". Bank staff refers to staff employed by a service but who are not given a permanent contract. These staff are used to fill shortages of permanent staff.
[144] The inspection of care homes changed from the CSCI to the CQC in March 2009.
[145] These interviews were conducted before the switch to CQC.

Another interviewee states that:

> "CSCI have produced a booklet that we use on what is going to be inspected and in terms of personalisation we make sure we show we have met what they are looking for." (Jeremy, group leader)

In tool-based situations the enabling of individuals to communicate their self-knowledge is inherently tied to the need for this knowledge to be recorded, monitored and stored for inspection. This recording of knowledge to aid communication and transparency is difficult in practice because it is brought into conflict with the possibility of revealing personal information:

> "There is an intrusive nature of the PCP because there is so much personal information going down on paper. Lots of information is written down and lots of people are able to see it" (Jeremy)

Furthermore, the difficulty of getting regular staff means that many different staff (some working only briefly) all need information about the individual. Therefore the tools produce performative moments of formalisation (the documentation of individuals' lives) because they need to be recorded in case of inspections and be communicated to many different staff members. In this formalisation the individual's self-knowledge becomes sedimented in certain prescriptions and written down in various monitoring devices (this shows the way that that the more diverse and local spaces of governing that I highlighted in chapter 2 are still regulated through monitoring criteria). In frontline practice, therefore, the enabling of self-knowledge and the communicability of this knowledge, through the performance of person-centred tools, is a process whereby the difficulties of staffing and timing issues play out alongside the fixing of this knowledge in recordable artefacts. It is this tension, this continual reconciliation, which constitutes how self-knowledge emerges, through the work of practitioners, in tool-based situations within frontline support practices.

b) Informal non-tool-based support situations

Alongside these formal tool-based situations, the focus on the self-knowledge of the individual and the provision of personalised support is implemented through everyday support practices. This is known as person-centred support and refers to the expectation that services and staff are to be person-centred throughout their work not just in specific situations (for example, when using formal tools). This section discusses how informal modes of support, in frontline care, enable self-knowledge in everyday situations. I show that the complexities involved in providing everyday support for individuals with a learning disability change how self-knowledge can be enabled within these practices.

In everyday support practice one of the most difficult aspects of supporting individuals in obtaining more knowledge about themselves is getting the right staff to support each individual. What was made apparent was that successfully working through everyday communication issues is based upon a continual development between the staff and the individual(s) they support. In the previous section I showed that staff bring their developed knowledge to a tool situation. However, in everyday practice the communication of self-knowledge develops in a more unstructured format that takes place in a myriad of different situations and contexts (a practice extended by the individualised and localised focus of contemporary learning disability care). In everyday support situations there is a continual response and adaptation to both an individual's expressions and choices and the different situations in which these are being enabled. This is made difficult by staff shortages because having many new or temporary staff within services results in an individual not being provided support by someone who knows them well. One interviewee states:

> "If you have to support someone everyday and be person-centred and you don't know that person then you will always miss something as you won't know fully how they communicate" (Tina, support worker)

Furthermore, this difficulty is exacerbated when different staff with different support styles and methods of interacting work with an individual. As one group leader explains, although staff have different ways of working, they need to work as a

team. Different individuals bring different ideas of how to provide everyday support for an individual can be problematic because different opinions need to be worked through. The interviewee expresses this tension:

> "We have regular team meetings so that people know how to support that individual in a day-to-day capacity. We all agree on that. We want that to be done in that way because we think it is best for what that person wants. And if somebody says I don't want to do it like that because... Well we have to listen and think about what their reasons are. But generally we expect some consistency between everyone in a team so we would take it up with that person. However, we leave room for lots of different ideas and ways of working. There is room for everyone to think, oh I have tried it this way and it didn't work, or it is not working for me" (Laura, group leader)

The group leader works through this tension by organising team meetings so that individual staff can voice their opinions and a general consistency can be produced. However, this formalisation of working practices is not something pre-imposed but rather is continually adaptive and performed (through "regular team meetings"). This is done to meet the needs of supporting an individual in a personalised manner and to respond to different staff ideas. One support worker details how in her service, if there are difficulties or concerns about supporting an individual's self-expression (such as the individual wanting to do activities that would be difficult to accommodate), then staff work by "passing" the individual supported to someone else who can help the individual express him- or herself differently.

> "We work by passing things on so that different people can talk to the individual to help the individual think about what else they might like. Someone different can provide a different insight and help the person think about different approaches and solutions to the problem. Often you will pass it on to a group leader. And the group leaders[146] will often have the final say over okaying things." (Tina)

[146] A group leader is a member of staff who runs a group of support workers. This role is underneath management roles but will be the person who leads a particular shift.

Therefore, supporting someone's efforts to express themselves and think about what else they would like does not have a simple conclusion. Instead, due to practical constraints that are continually performatively negotiated, there are limitations on this expression. In this situation expressing knowledge about oneself is materially defined and involves contingent negotiations between different staff and different styles of support. These tensions do reach a resolution (i.e. the team has a general approach that is followed or the group leader has "the final say") but, crucially, these tensions are never smoothed over but instead get continually performed and renegotiated.

Similar tensions are apparent when the individual supported makes decisions that are difficult or impossible to provide support for. In other words, difficulty arises when situations occur where staff are enabling individuals to know more about themselves in order to make choices but these choices are, for various reasons, unsuitable. As one support worker elucidates:

> "If there is someone who wants to do something and it is just not possible, for staffing limitations or whatever then if they communicate verbally we always talk with them and explain why. We will try to find out why they want to do something and the reasons for what they want to do so that we can arrange something else or something at a different time" (Lucy)

Therefore, the tension that arises concerning the suitability of someone's choice is not solved but instead is worked through with more consultation and discussion. There are constraints (both structural and due to an individual's capacity) that operate upon an individual with a learning disability expressing their self-knowledge in this instance. Enabling an individual to explore what they want, therefore, plays out in the staging of a negotiation over these constraints between the individual and those providing support. The interviewee further elaborates:

> "How do you work through anything on a day to day level that might be an unrealistic or difficult to achieve choice?" (Myself)

"We always work to explain to them why things can or can't be done, what the practical problems are" (Lucy)

The individual is encouraged to communicate their self-knowledge so that when tensions arise it is not just about the individual expressing themselves but, crucially, a discussion between all concerned. This is further explained by another interviewee who highlights an example where tensions are continually worked through in terms of the specificity of the problem rather than resolved (in the sense of a definite response to the tension):

"It is hard because in some of the houses there is no-one supported one-to-one.[147] So if say one person wants to go to the cinema by themselves they can't because that would leave one staff with supporting three people which is not allowed. So here we help the individual understand the problem and we say to them look we have space here or here when you could go. Say when we have extra staff available or when another client is home with their parents. And we get them to think about what they would like to do then" (Emma)

"So you work through a compromise?" (Myself)

"Well it is always about getting the individual involved with the process, supporting them to know what they want to do in different situations and when things don't go their own way or they can't do what they originally wanted to do. So we say let's go to speak to the group leader together so we can work out what will be best. So it is about always getting them involved and always getting them to think about what they want" (Emma)

In this specific situation self-knowledge is actualised as a tension between what the individual wants and the practicalities of supported living. The staff member, in this event, is enabling the person with a learning disability to explore themselves and

[147] One-to-one refers to support where one member of staff supports one person with a learning disability.

express themselves by situating the specific concern of this self-knowledge in relation to the specific support situation.

In these everyday support situations, therefore, the integral components of expressing self-knowledge are being performed not as something definitive or with a linear structure (in that the individual is simply enabled to know more about themselves, communicate this knowledge and thus lead a better life) but rather as a tension-ridden process that is continually in formation. Crucially, unlike the training courses where self-knowledge is brought around in a generalised and more holistic manner, this formation is entirely dependent upon the performative staging of the specific and contingent care contexts in which the enabling of more self-knowledge and the communication of this knowledge operates. This specificity includes, as has been shown, the specific situations of individuals, the situations of service providers and the relationships between staff and the individual, including the difficulties and tensions inherent within these situations, such as an individual expressing impractical decisions, or a lack of staff who know the individual.

4) Conclusion

There are important differences between how self-knowledge is constituted in a discursive realm, in the training environment and in the frontline support environment. Discursively, self-knowledge and the communication of this self-knowledge to significant others is constituted as something inherently good for people with a learning disability. In a training environment this logic is actually performatively extended through self-knowledge being enacted as a holistic manoeuvre with the expectation that everyone present should, for the better, have more self-knowledge and divulge this knowledge to others. In a frontline support environment, however, the enabling of people with a learning disability to have more self-knowledge is a specific and situated operation that is tied to the different complexities and tensions that a support environment contains (for example, time constraints, lack of staff, new and changing staff members). In the following discussion, I use the work of Foucault, Mol and Deleuze to critically analyse the three empirical sections of this chapter.

I argue that tracing the relationship between the discursive constitution of self-knowledge and the two practical enactments is important empirically and conceptually. There is a discursive idealisation of self-knowledge that assumes that exposing the truth about oneself is, essentially, a positive manoeuvre. However, the translation of this through practices of training (where this idealisation is performatively exacerbated) and into frontline practice shows that this constitution is brought around, in practice, through the tension between the different situations of training and frontline care.

Critically reading the discursive constitution of self-knowledge as a technique of the self shows that this constitution produces an understanding that is part of a wider ethos based on an logic that there are foundational truths and that these should be uncovered (Foucault, 2000, 2000a). For Foucault the uncovering of truth is a primary obligation of contemporary Western society and one of the forms of this is the centrality of explicating knowledge about oneself (Foucault, 2000a). He shows that the formulation of a truth is in fact a method of governing subjects because, by being established as truths and strategically implemented, they style and alter possible actions of individuals and of groups. I argue that the discursive constitution of self-knowledge, in contemporary learning disability care presumes that there is a foundational and underlying truth to each and every one of us, and that it is of benefit to extract knowledge of this truth of the self and act upon it. This constitution is actively changing the actions of people with learning disabilities because new situations (such as performative implementation of person-centred tools) are created where it is expected that an individual will extract some truth about the self. Furthermore, by discursively establishing self-knowledge as a process of truth extraction, gaining more self-knowledge and communicating this knowledge to others is idealised as, essentially, a positive process in that it is viewed as beneficial to all concerned.

This logic is implemented through training practices where the attendees are taught methods that enable them to alter the actions of individuals with a learning disability by getting these individuals to extract and communicate their self-knowledge. These practices performatively extend this discursive logic by broadening self-knowledge to all individuals configured within these events (including, as was shown, the trainers themselves). What these training practices are doing is

strategically stabilising the constitution of self-knowledge as a positive process of truth extraction, continually performed and re-performed. This is a "bracketing [of] practicalities" (Mol, 2007 pg 163) because the performance of training establishes a single constitution of self-knowledge by tying it to a universalised "good" of uncovering one's own truths. There is a territorialisation (Deleuze and Guattari, 2004) occurring in these instances whereby an essential understanding and ordering of life in which one can uncover a truth about oneself and the performance of this as innately "good" becomes fixed. These training practices are, therefore, a performative extension and solidification of the discursive constitution of self-knowledge because the training consists of performative events (for example, the experiential learning of the attendees using the tools on themselves and the reflexive methods used) that attempt to uncover the truth about oneself.

In order for person-centred support to be provided, the tools and methods learnt about in training are implemented in frontline care practices. In other words, there is a translation being performed. In these practices, as was shown, practitioners are actively coercing and changing the lives of those with a learning disability by acting upon their actions. This is done through both tool-based situations (where individuals are enabled to actively access their own self-knowledge) and within non-tool-based, more informal, everyday situations (where individuals are continually being facilitated to express themselves). However, as the interview testimony highlights, the application of these tools and of a wider everyday personalised support ethos does not play out smoothly in frontline practices. Instead, there are many complications and tensions that constrain the idealistic version of self-knowledge that is being discursively constituted. While trainers and policy makers are aware that there is a difference between "theoretical" or "training" situations and everyday support situations, stating the effects of this difference is empirically important. The constitution of an idealistic conception of self-knowledge (self-knowledge as a wholly positive manoeuvre) is not necessarily a negative thing. Indeed, training scenarios are constrained by the need to teach, in a general manner, how to use person-centred tools and develop person-centred thinking. However, the key empirical point I am making is that there is a need to be sceptical of the ideal of self-knowledge and think critically about how it translates into frontline support environments because these two practices do not equate.

This lack of equation is due to the situated complexities of supporting someone with a learning disability. One example is that of staffing difficulties whereby shortages of staff and lack of consistency of staff mean that many new and temporary staff are utilised in support services. Services use various strategies so that new staff can learn about the individuals they support (in both tool-based and non-tool-based situations). In tool-based situations such as PCP meetings, formal documentation needs to be provided so that new staff can know about the individuals they will support and so that services can be monitored. These documentations are time intensive, can be overly prescriptive and can be intrusive. These tensions are something that those operating tool-based meetings continually work through. However, the enabling of self-knowledge, in these situations, is performatively constrained by these tensions, in that these limitations have to be performed and enacted by those within the practice. Therefore I argue that, empirically, there is a danger in homogenising the translation from training into frontline support especially if this results in a judging of the success of the enablement of self-knowledge in a frontline support situation against an ideal established in training. While an ideal of self-knowledge may be appropriate to think about personalisation in a training or policy context, it is problematic if it is simply applied to a frontline support situation because it actively ignores the complications that occur in the practice of supporting someone with a learning disability to have more self-knowledge.

Conceptually the tensions that occur in practices of frontline support show that within the tactical production of a logic based on explicating truth (the movement from policy to training to frontline implementation), there are moments where this logic is stressed and pushed to the limit. This is not to say that this logic completely breaks down. For example, in frontline care practice the practitioners do not ignore the tools they have learnt and they do not stop trying to enable those they support to know more about themselves. Rather, there are moments where complications disturb these tactics of self-knowledge such that there are situated and contingent problematics to enabling this self-knowledge. What these moments do conceptually is show that the explication of the truth of oneself is actually a performative and situated act. In this one's inherent "truth" is not something eternal, waiting to be exposed, but is actually actively being performed (in this situation through the tools and methods

that are central to contemporary learning disability care) and, as such, is exposed as a contingent mode of governing, rather than something that exists pre-discursively.

Similar to how Foucault (1990, 1992, 2000a) destabilizes a contemporary Western logic based upon explicating one's truth through one's self-knowledge by exposing an ancient logic based on an ethics of the care of the self, the situated tensions and constraints in the practical enabling of self-knowledge in frontline care can have a potentially destabilizing effect. By tracing the tension between the discursive constitution of self-knowledge and its performance in two specific situations, I have begun to expose the ways that this discursive constitution is complicated and disturbed. Furthermore, these disturbances (the practical limitations to enabling self-knowledge) can allow one to recognise the contingent nature of the techniques of control based upon truths that are currently operating in contemporary learning disability care.

It is not, as Foucault (2000a) argues, that these techniques of control and methods of subjectification are, in and of themselves, dangerous. They are just the current operation of power relations that govern our lives. The danger resides in a lack of realisation of the way that these relations govern people's actions. It is when they become assumed and naturalized that there is a danger of slipping into what Foucault (2000a pg 299-300) terms "states of domination." Therefore, the conceptual point that I am making is that tracing the relationship between the three enactments of self-knowledge (in policy, in training, and in frontline care) can highlight the contingent nature of the basis of a discursive understanding of self-knowledge as purely a positive manoeuvre that uncovers hidden truths. The recognition of the difficulties of enabling self-knowledge, in frontline practice, shows that within the performative deployment of enabling self-knowledge (the movement from training to frontline practice) there is resistance and tension. Furthermore, exposing these resistances and tensions highlights the danger of slipping into naturalising these tactics of self-knowledge. The staging of this is what Foucault (1986a) and Mol (2008) term a heterotopia: an imaginative "other" place, distinctly differing from the dominant logic that allows one to evaluate current understandings and "truths" and create new values. I would argue that while this heterotopia does not exactly exist empirically (the practices of frontline care are always configured to uphold the ideals that policy and training propagates, even if in their performance they disturb or do not meet this

ideal) it is, nevertheless, an important conceptual staging. This is because this staging attests to the critical potential in the performative tension between discourse and practice where I have begun to show that contingently enacted moments can exceed and resist the dominant logic of truth with which self-knowledge is discursively imbued.

CHAPTER 8: CONCLUSION

1) Chapter by chapter summary

This section provides a summary of the theory and empirical chapters (chapters 4-7).

a) Chapter 4: Theory

The theoretical chapter analyses the use of three key theorists (Foucault, Mol and Deleuze) to think critically and conceptually about the relationship between discourse and practice; and specifically the suitability and application of this work to the context of English contemporary learning disability care. Firstly, I showed that Foucault's notion of biopower (and its relationship to sovereignty) is a useful means for analysing the discursive constitution of contemporary learning disability care primarily because it enables us to show that this operates by governing the lives of people with learning disabilities by acting upon their actions. Foucault's work is then contrasted with metaphysical accounts of biopower (from Agamben, Hardt and Negri, and Esposito) where it is argued that the geographical and temporal specificities inherent in Foucault's narrative are crucial in making the link between discursive regimes and practical enactments. It is the importance of the contingent and performative aspect of practices, within the relationship between discourse and practice, which is engaged with next through the work of Mol. In this section I argued that Mol's engagement with practices (where she argues that it is important to recognise that things are constituted through their performance in practices) is crucial for this thesis because her work shows that foregrounding the practical enactments of things has a political implication by critically destabilizing dominant discursive constraints due to the contingency of these practical performances. However, I noted a cautionary concern with both Foucault and Mol's work in regards to a localization which, I argued, runs the risk of fixing practices within specific places. Instead, and because I wanted to grasp the more fluid and mobile practices that contemporary learning disability care produces, it is important to bring Deleuze into the theoretical fold. Doing this I proposed enables one to delocalise one's attention (not begin with fixed places) but still recognise situated, inter-personal spatial relations. This is

because the work of Deleuze proceeds via a rejection of any foundational basis to life and engages more with the relational assemblage, and thus a broader range of social enactments, of the performative spaces between discourse and practice. Returning to the differentiation between Foucault's work and metaphysical engagements with biopolitics I showed that Esposito's work, alongside a reading of Canguilhelm, highlights the importance of engaging with the formation of new life beyond forms solidified within operations of governing. Again, this is where Deleuze's work furthered the analytical ideas by which I showed that the relationship between discourse and practice can be staged in terms of the vitalistic component to life. This vitalism, I argued, is crucial to this thesis because it enables me to show that there is potential, within practical performances, of something new emerging that involves different assemblages (without being confined to discrete localised sites) and understandings.

b) Chapter 5: The mentality of choice

The first of three empirical chapters focuses on the mentality of choice which, by contrasting the deployment of choice within social policy with the enacting of 'choice-making' situations by different advocacy practitioners, made three arguments. Firstly, that choice is being constituted discursively in terms of an idealisation of autonomous, independent choice-making. I argued that this constitution of choice is dangerous because it rests on a normative assumption concerning how people should make choices - a judgement problematic for people with learning disabilities who differ from this norm. Secondly, I argued that, by exposing the situated material and relational constitutions of choice within each practice we can begin to recognise a generative potential of different ways of choice-making for people with learning disabilities. I suggested that taking this narrative can start to recognise the relationality of singular performative instances allowing the potential for these practices to create new moments of choice-making not constrained by discursive constitutions. Thirdly, I propose that this narrative can have a wider conceptual application. This is because the apprehension of choice-making, in terms of the relationship between discourse and practice, is much more acute for people with learning disabilities (due to there being specific discursively structured strategies that

target people with learning disabilities, such as PCP and advocacy services, and the practical contingencies, of these strategies, that occur when enabling someone with a learning disability to make choices). The acuteness, apparent in this specific context, can act as a useful instigation to consider broader choice-making practices and wider discursive rationales.

c) Chapter 6: The mentality of inclusion

The second empirical chapter engaged with the mentality of inclusion and makes two key arguments. Firstly, I argued that the mentality of inclusion is discursively constituted through an assumed ideal of pre-discursive normal actions while in practice the situated enactments of inclusion were shown to be excessive of this simplistic discursive determination. Combining Foucault's work on subjectification with Mol's focus on the enactive potential of practices allowed me to show that the discursive constitution of inclusion as based on normality is dangerous because it performs a simplification of the practical complexities of enabling inclusion for people with learning disabilities and, as such, idealises non-learning disabled individuals as the norm and judges inclusion-forming situations against this norm. This is shown to be of particular concern for people with more severe learning disabilities because their experiential constitution differs more distinctly from this idealisation and, due to this, the more intense nature of their support needs risks getting ignored. However, turning to Deleuze's philosophical rejection of transcendence, I suggested that the inter-personal tensions (that play out within the various practical events of inclusion-formation) contain the potential to disturb discursively prescribed understandings of inclusion because, in the very happening of these events, the material complexities can escape the monopoly of pre-determined discursive conceptions. Secondly, I highlight that there is a broader conceptual concern being made because the analytical narrative, and the particular empirical context of this research, show the importance of recognising that inclusion is being constituted through tensions that inhabit the inter-personal relations occurring between its discursive production and its practical deployment. This, I argue is important to recognise because this tension, this rub, can enable us to begin to think about how new modes of inclusion formation can be recognised.

d) Chapter 7: The mentality of self-knowledge

The third empirical chapter investigates how the mentality of self knowledge is being discursively constituted and performatively taught through training practices then implemented in various front line practices. I argued, using Foucault's (2000, 2000a) critique of a Western logic of truth, that the discursive constitution of self-knowledge operates through tying self-knowledge to a logic based on uncovering the truth within ourselves (and communicating this truth to others) and portrays this manoeuvre as wholly positive. Furthermore, this is shown to be performatively exacerbated within training practices (through extending this logic to all who are present at the training). However, by juxtaposing this linking of self-knowledge to truth (both discursively constituted and performed through training) with the difficulties of implementing self-knowledge in frontline practices, this chapter raised an important empirical question: is it problematic to judge frontline support according to an idealised, and wholly positive, conceptualisation of self-knowledge? I argued that there is a potential problem with this because situated tensions (for example, time constraints, lack of staff, new and changing staff members) inherent in providing frontline support cannot be removed from how people with learning disabilities are enabled to have self-knowledge. Alongside this empirical concern I suggest this has broader conceptual implications namely, that taking the narrative of moving between discourse, training and frontline practice can begin to critique any project that aims to discover a 'truth' inside individuals. This is because, the complexities inherent in how front-line practitioners enable individuals with learning disabilities to have more self-knowledge, can be shown to exceed the logic of truth-finding projects. This excess is due to the performative tension where what is enacted in practice does not add up to a process that simply aims to extract an inner truth. By arguing this I suggest that any idealised logic of uncovering truth should be recognised as a performative project because it this logic can be seen as being continually done, challenged and re-affirmed in practices.

2) Research questions: A response

In the introduction three research questions were set out. Following the theoretical discussions and the analysis of policy and interview material, a response to these questions can now be formulated.

4) *How is the discourse of individual independence governing the lives of people with learning disabilities and how can we begin to challenge this?*

This thesis analysed a number of ways in which the discourse of individual independence governs the lives of people with a learning disability (undertaken through an critically analysis of three mentalities: choice, inclusion and self-knowledge). I showed that each of these three mentalities involves a discursive constitution that takes an idealised and normative understanding concerning how individuals with a learning disability should live their lives. In terms of choice, this is manifested as an assumption that autonomous choice is a natural state and is the ideal choice-making situation. In terms of inclusion, this operates through the assumption of an idealisation of how normal individuals live their lives. For self-knowledge, this is the assumption that there is a stable truth within every one and that it is a positive manoeuvre to extract this truth. In each of the three empirical chapters the specifics of this were discussed but, I propose, there is a coherence that operates across all three of the mentalities. This coherence is of a normative idealisation that works as a pre-determined assumption of how people with a learning disability, in the ideal situation, should live their lives. This pre-determination is being predicated, as was shown for each of the three mentalities, upon assumptions about how non-learning disabled life should be.

Therefore, each mentality is putting into operation an idealisation against which, as each empirical chapter highlighted, the lives of people with learning disabilities are being regulated and manipulated. Drawing from the work of Foucault, I suggested that this idealisation operates by altering what actions people with a learning disability could do by creating specific situations in which people with learning disabilities are placed and also new expectations of how individuals should

act. Therefore, the discourse of individual independence is governing the lives of people with learning disabilities by coercing these individuals, through an alteration of their conduct, in terms of various assumptions of how people should live (making autonomous choices, inclusion through engaging in normal, mainstream activities, and uncovering one's truth within oneself).

The analysis of this mode of governing pivoted around the proposal that these discursive constitutions can be considered dangerous precisely because they inherently judge any situation where a person with learning disabilities is enabled to have choices, be included, or experience and communicate self-knowledge against these predetermined ideals. As such I argued that there is a normative core to contemporary learning disability care because these assumed ideals are being portrayed as the 'best' situation for people with learning disabilities (and those supporting them) to aspire to. Furthermore, I suggest that this discursive constitution is particularly dangerous if the assumptions upon which these discourses rest become naturalised to the extent that the various actors involved in policy formation and care provision (detailed in chapter 2) do not challenge their basis.

Fundamentally, though, my thesis moves on from such classic Foucauldian analysis, by using Mol's work to analyse the different practical enactments of these mentalities. In so doing I began to show that the situated materiality of the practices in which the mentalities are being performed can constitute that mentality in a variety of different ways. From this I started to develop a political argument suggesting that, because the mentalities are being performed in numerous situated ways that exceed the discursive constitution, this excess can be used to disrupt the dominance of any pre-determined and judgemental discursive constitutions. As Mol states, this recognition of practical enactments produces a "permanent possibility of doubt" (Mol, 2007, p. 181) that can challenge fixed assumptions about how choice, inclusion or self-knowledge operate. Therefore, I argue that the narrative taken in this thesis can provoke a realisation that the performance of practices has the potential to destabilize discursive formations and, as such, highlight that these discourses are not eternal or natural but rather have to be performed to gain their veracity (and as such can be performed differently).

5) *In what ways can we start recognising the potential to form new relationships that exceed the current discursive assumptions about learning disability?*

Analysing contemporary learning disability care through the conceptual lens of the relationship between discourse and practice, this thesis attempts to go further than exposing discursive assumptions by beginning to show, in the performative event of practice, the potential for new ways of living to emerge. I draw from Mol's work to show that there are situated, contingencies within the different practical enactments (of each of the three mentalities) highlighting that there is an important difference in situ (for example, how choice-making operates in crisis advocacy is entirely contingent on the material constitution of that particular practice and type of advocate / partner relationship). However, Deleuze's philosophy enabled me to further show that the contingency of practical enactments exhibits a performative tension at play within the relationship between discursive deployments and practical enactments. What this performative tension entails is that things do not add up, that in the movement between discourse and practice there is a friction where what occurs cannot be subsumed into a singular narrative or trope of understanding. A particularly good example here would be a PCP facilitator working with an individual to enable this individual to be more included in the wider community: this does not simply work to move this individual into mainstream services, although this may function as the aim, but has to actively negotiate with the individual concerning the difficult decisions an individual wants and what constraints operate.

It is because of this performative tension, and because there is a performative excess inherent to the contingency of practical enactments (conceptually this stretches Mol's focus on the performative contingency of practices into Deleuze's delocalised, relational philosophy of immanence), that what occurs in the various events of learning disability support (for instance, an event of a front line practitioner using a person centred tool with an individual with a learning disability) cannot be totally prescribed (staffing difficulties or an individual making impractical choices situationally disturb pre-determined aims); and because of this there is a recognition that there is the potential for things to be different. Therefore, by attesting to the emergence of these mentalities in practice (alongside the discursive structuring of

these practices) I have highlighted the efficacy of pre-determined ideals but, in doing so, have also begun to open up a space in which we can think beyond these fixed ideals. This, I suggest, is because what variously emerges in these events is not always fundamentally tied to these pre-determined conceptualisations but has a performative veracity itself.

6) *How does the engagement performed by this thesis, in terms of the relationship between discourse and practice, speak to wider conceptual concerns?*

All the individual empirical chapters, although dealing with specific contexts, show some ways in which the actions of people with learning disabilities are being altered through a logic that rests on an assumption of normal, non-learning disabled behaviours and experiences. In this assumption of normality the mentalities of choice, inclusion and self-knowledge are each being portrayed as simplified ideals. I also suggested that aspects of these mentalities do not only govern the lives of people with a learning disability but also apply in a more general context and structure and manipulate the actions of people without a learning disability. However, the main argument that this thesis makes, for broader conceptual concerns, is that the particular narrative being undertaken (that of attesting to the relationship between discourse and practice) shows that it is in the space of performative tension (between discourse and practice) where we can begin to recognise that discursive constraints can be exceeded and resisted without losing the governing and structuring performances of the discursive constitution. I suggest that this performative tension, staged through the conceptual structure of mentalities, highlights that the care of people with learning disabilities consists of many different singular achievements (in that there are singular performances of the tension-ridden movement between discourse and practice). As such this can be broadened to wider concerns with how non-learning disabled people are governed and performatively exceed their governing (such as the constitution of the health of each and every one of us as defined, predominantly, by the choices we all make).

Furthermore, in the three empirical chapters I proposed that the specific empirical context of learning disability support is particularly acute in terms of this

tension between discourse and practice because of the specific strategies that clearly aim to change the actions of people with a learning disability and the large material differences between the actual practical supporting of someone with a learning disability and the various discursive *constitutions* (through which each of the three mentalities is implemented). Although this was an argument which, given the focus of this thesis, I was not able to fully expand I propose that this acuteness makes the conceptual narrative useful to stage further considerations of how the three specific mentalities (or further rationales that govern the lives of individuals) operate in non-learning disabled contexts.

3) General Conclusion

Within contemporary learning disability care there is currently, as has been shown, a discursive deployment (analysed through three mentalities) that is based in an understanding of learning disabilities through a pre-determined ideal of a non-learning disabled individual; or more precisely, because this discourse is action orientated, an understanding that is predicated upon an ideal of the actions and comportments that a non-learning disabled individual does. In general what is being mobilised here is a structuring of contemporary learning disability care through *a discourse that perpetrates a foundational belief in a pre-discursive individual* (with this pre-discursive individual based on the ideal of non-learning disabled actions: in this context being able to make autonomous choices, engage in mainstream experiences, and extract an inner truth from oneself). In other words, there is a discursive push towards providing care that is ultimately judged in terms of an idealised individual who is understood pre-discursively as non-learning disabled.

Now, I do not want to overly simplify this policy and suggest that it assumes that people with learning disabilities have, inside themselves, the potential to act like non-learning disabled individuals[148]. This is definitely not the case because this policy actively references the different tools that are needed to provide for these individuals, and never suggests that people with learning disabilities (in particular those with severe learning disabilities) will ever be free from needing support. However, I do

[148] What is noticeable, as I discussed in chapter 2, is that this 'potential' for people with learning disabilities to be changed and improved (towards adopting non-learning disabled comportments) was integral to early asylum thought.

want to suggest that policy ultimately establishes this pre-discursive aspect (non-learning disabled individual) as an idealistic utopian aim. What this involves is the setting up of an ideal process for situations where support is provided. So, for example, I showed that there is an ideal scenario for people with learning disabilities involving them being able to make autonomous choices; and even though policy understands that this ideal will not be met by every individual (indeed, if it did there would be no need for advocacy services, for example) it still functions as the 'best' possible situation from which other situations are judged.

Therefore, what is being discursively produced is a normative ideal of a pre-discursive individual (who acts independently). In essence, this discursive deployment operates by pragmatically breaking down the barriers between non-learning disabled and those with a learning disability through the performative implementation of practices that aim to remove the constraints on people with a learning disability engaging in mainstream actions, making autonomous choices and extracting a truth within themselves. However, this discursive deployment then re-asserts the barrier between learning disabled and non-learning disabled because it operates through an idealisation of a normal non-learning disabled individual (which normatively excludes those with a learning disability). Therefore, a black and white differentiation between those with a learning disability and those without is being discursively constituted. Counter to the pre-discursive foundation of this discursive production, I argue that attesting to the relationship between discourse and practice can break down the danger that this black and white distinction (between learning disabled and non-learning disabled) becomes naturalised and not recognised for the discursive manoeuvre that it is. This is because apprehending the moments where these discursive deployments are complicated and performed differently in practice can show that there are no definitive distinctions, and these practical contingencies affect how people with learning disabilities make choices, are included and gain self-knowledge and are not completely constrained by this pre-discursive foundation.

There is a politics, therefore, in recognising that the contingent materialities and inter-personal relations that constitute how something like choice, for example, works in practice are not ignored and that different abilities and disabilities are not pre-determined or categorised prior to how they develop in different practices. However, the political point is not just about attesting to this contingency but also

involves showing that it is crucial that the performative tension between discursive deployments and practical enactments is not smoothed over but instead is actually embraced. This is because there will always be discursive constitutions that govern the lives of people with a learning disability (or anyone, to be more precise) but these will always be performed in contingent situations, as I have shown, and, in this contingency, potentially exceed the discursive constitution. Crucially, then, the intertwining of discourse and practice is defined by both existing together and yet not completely cohering. It is this bind that is the performative tension and the politics that I am arguing for resides in celebrating this tension. Ignoring the tension ascribes either a pessimistic account where discourses completely govern lives (ignoring the lived complexity of life or the ability for change), or ascribes an escapism (that neglects the discursive constraints that are clearly formative of people's actions). However, an embracing of this tension affirms that it is in this performative achievement, because things do not add up, where something vital and new can be apprehended. Therefore the political impulse that this thesis engages with is one that is simultaneously negative (critical of current regimes) and positive (pushes for recognising new conceptualisations and modes of living).

4) Critical Self-Reflections

Thinking critically and reflectively both about the route this thesis has taken and what has been achieved, including the limits of this achievement, I believe that this thesis has brought together interesting conceptual debates relating to discourse and practice with an empirical context in which there have been, since VP in 2001, large discursive and practical changes. However, by taking on such an ambitious remit I do, on reflection, see a number of limitations, gaps and tensions that it is important to explain and caveat.

In the final section of chapter 4 I highlighted the approach that this thesis takes towards space. Here I argued that I use Foucault and Mol's work to recognise how discourses and practices are always geographically situated and cannot be thought as *a priori* constructs. However, I also critically addressed what I saw as an overly localised element to the work of Foucault and Mol that risks relegating the performative event of practices to fixed, discrete spaces. Using Deleuze as a

corrective to this, I proposed that my thesis instead takes a more 'delocalised' approach towards space. On reflection, however, I consider that there is a tension which emerges from taking this more delocalised route. The delocalised approach pays particular attention to the capacity of individualised learning disability practices to be diverse and able to change places, and also recognises that these places of practice are co-constituted with the practice rather than pre-existent. In so doing, throughout the three empirical chapters I focused upon the inter-personal relationships that are construed through the different practices (for example, the way that different types of advocacy create a different relational spatiality within the advocate-partner relationship). This meant that I neglected the material spaces related to the sites themselves. Indeed, the broader logic of the thesis highlights the importance of situated, material attention (apparent in different ways within the work of Foucault, Mol and Deleuze) yet this aspect remains largely absent.

Therefore, I realise that there is a tension throughout this thesis between aiming to grasp delocalised spatial relationality and recognising the importance of locally situated material assemblages. This tension is never fully resolved. When analysing the interview testimony, I have struggled to bring out these more 'localised' material contingencies. Partly this was due to a concern that I would replicate the criticisms of Mol's work that I levelled in chapter 3 by re-affirming the direct link between a practice and a particular space (for example, the office, the bedroom, a day centre). This made me wary that I would neglect what I see as the crucial component of contemporary learning disability care; that is, its individualism (where interventions change with individual contexts).

However, the key reason for this limit, or gap, is due to my methodology of solely undertaking interviews and only with practitioners. Due to this decision, I could not fully draw out the situated, localised materialities that constitute a practice (for example, if I had undertaken ethnographic work, I could have witnessed how the spatial layout of, and the materials used within, PCP facilitation affects this practice). Instead, the interviews elucidated the particular inter-personal relations, neglecting the more material and bodily spatial elements that co-constitute a practice. At times I highlighted a few spatially located materialities (for example, the use of communication cards in group advocacy, seating arrangements in training) but this was always apprehended through the interpretation of the practitioner. I believe this

aspect was subverted primarily because I took such a broad approach (analysing many different practices and three mentalities of individual independence) instead of focusing in more detail upon a particular aspect of contemporary learning disability care. This was done because I wanted critically to access, and show, the diverse networks and strategies that this individualised approach to care takes.

Recognising this limitation, I believe it is important to caveat some of the more strident claims made in the introduction and conclusion, precisely because this thesis does not manage fully to meet its designated achievements. Firstly, as explained above, this thesis does not manage to grasp the full complexity of the situated practices that I describe, instead offering a partial glimpse through the practitioners' work[149]. While this allows me to show differing inter-personal relations between practices, it limits the arguments that I draw from the different material assemblages of the practices. Secondly, as I will clarify below, this thesis is limited in exposing the creative power of 'spaces of potential' because I was not able to access the wider material complexity of these assemblages (in contrast, research such as Bingham (2006), de Laet and Mol (2000), Wylie, 2005 takes a much more detailed investigation of specific practices). Due to this, I could miss performative moments where practical enactments escape discursive formations.

Nevertheless, I argue that the breadth of work with which I engage (both in terms of theoretical influences and the array of practices) means that the thesis opens up wider debates[150]. Empirically, by dealing with the general discourse of individual independence through the array of mentalities and practices, this thesis shows the many diverse and different ways that discursively constituted strategies are altering the lives of people with a learning disability. Therefore, I begin to analyse critically and open out to wider discussion this diverse cast of individualism which is central to contemporary learning disability care. Conceptually, the breadth of this thesis allows me to show multiple instances of the performative tension between discourse and practice, therefore enabling me suggest, and open out to further debate, an array of

[149] Of course similar to the arguments I made in chapter 3 about the inability to acknowledge fully one's own position, I would argue that there would an inability to 'fully' ever grasp the material assemblages of a practice. This is due to the complexity of these assemblages and the importance of recognising interference (both from myself and from any practitioner who might re-present the practice). Nevertheless, the point I am making still stands because I was not able to apprehend the material complexity of these practices.

[150] See also section 5 'Relevance to key debates within geography' and section 6 'Future work' for further discussion of the wider debates to which this thesis contributes.

different moments where each and every one of us could be discursively constituted (alongside the potential to escape this constitution).

Critically reflecting upon these limitations, I will now question what I mean by the 'spaces of potential', in which this thesis argues that something new can potentially emerge (in the fissures between learning disability discourse and practice) and whether these can be figured as 'resistant spaces'. That is, thinking critically about this thesis, how do I understand what these 'spaces of potential' do (and do not do)?

To answer this, and suggest where this thesis highlights moments in which something new and potentially 'better' can emerge, I will contrast two notions of 'better'. Firstly, there is a 'better' which relies on an ideal and is primarily judgemental (i.e. mainstream employment routes are 'better' than specialist routes because they offer the ability for participation in 'normal' society). In terms of learning disability research, Robinson et al (2005, 2006, 2007), for example, begin from a normative positions and analyse the implementation of VP according to these positions. Secondly, there is a post-structuralist informed 'better'[151] (which this thesis aims for) that is based not on pre-determined ideals but instead upon respecting the situated performativity of life. In this lexicon, what is 'better' is the recognition of the various ways in which subjects are being discursively constituted and the ability to expose the performative enactments that escape this constitution. For example, when appraising the logic of choice, what is 'better' is the recognition that the logic of choice is not an eternal, pre-discursive manifestation but rather a contingent discursive strategy that can be changed and resisted. However, this 'better' does not say whether, for example, this logic of choice (based on individual autonomy) should be changed but rather provides 'spaces of potential' where this logic could be challenged and even evaded.

The limitations of this route are that it does not definitively suggest what should emerge or how things should change (instead vehemently criticising formations which limit and stop the ability for change). To suggest what should emerge would move into the first definition of 'better' and judge practices according to an ideal. To do so could shift current discursive formations and produce another

[151] I understand that using the term 'better' here is slightly contradictory, but, I feel it helps clarify the two contrasting modes of argument and, in doing so, helps specify what this thesis does and what it does not do.

idealisation that is thought of as 'better'. For example, in terms of inclusion, one could argue that mainstreaming should be reduced in favour of specialist services by reprioritising outcome criteria. In this example specialism and targeted specialist professional help could be weighted as 'better' than increasing inclusion. Now, I am not arguing that this form of seeking 'better' circumstances for people with learning disabilities is necessarily wrong. However, as I showed in chapters 1 and 3, there are already a number of literatures and learning disability stakeholder groups that pursue this aim and this research seeks to speak a different story that, I feel, it is important not to neglect.

I feel that, because this research does not actively engage with the voices of people with learning disabilities, it is important that it does not suggest what (judgementally) would or should be 'better' for these individuals. Instead, this post-structuralist notion of 'better' could actually be of benefit to the well-trodden path of implementing a judgemental form of 'better'. This is because this research begins to unpick a number of spaces of potential where something different is emerging that is not currently completely captured by the discursive construction of learning disabilities. By recognising these moments of escape, I am exposing the potential for something new to be witnessed. However, this moment of escape has the potential to challenge taken-for-granted assumptions and then, if taken up and continued (i.e. if this escape is repeated and re-performed), can then become itself a different way of doing things, creating a new sedimentation if successful or, if unsuccessful, becoming reterritorialised into existing modes of thought. However, in this movement for change to be sedimented and generalised (for a new way of doing something to become accepted) we enter into the judgemental notion of 'better' whereby a rationale emerges underpinning this new way of doing something.

I would argue, therefore, drawing on the difference between the two notions of 'better', that this thesis does not suggest that these 'spaces of potential' can be figured as 'resistant spaces'. While this thesis highlights spaces and gaps within which resistance (that which differs from normative discourse) can potentially emerge (Biesecker, 1991), for these moments of resistance to be characterised as 'resistant spaces' a formalisation, a common normative understanding, needs to be affirmed. Cadman (2010), for example, exemplifies this normativity in terms of liberal understandings of 'rights' and instead seeks to highlight non-normative performative

resistance. The Deleuzian influenced reading of Foucault that I have taken understands resistance to be more anarchic and less constrained (not reducing the forms of resistance) than formative 'spaces of resistance' (May, 2009; Pickett, 1996). These 'spaces of resistance', then, are movements like the beginning of self advocacy for people with learning disabilities or the formation of political groups of people with learning disabilities who oppose the UK Coalition government's cuts to social service budgets (or more specifically, for example, oppose the removal of funding for Remploy which is a state subsidised company that provided specialist employment for people with disabilities). While these spaces are extremely important, because they are the way that potential changes and those 'spaces of potential' actually move to alter normalised understandings and ways of doing things, they are not what this thesis tackles. This is because resistant spaces require some normative input to become formalised (such as political disagreement with Coalition cuts).

On critical reflection, I believe that this thesis begins to attest to the initial moment (the 'spaces of potential' where something escapes discursive constitutions) in this potential movement towards change. Whether or not this escape (this 'line of flight' (Deleuze and Guattari, 2004a)) remains as a singular event, or through repetition enters into common practice and lexicon (thus potentially becoming sedimented into 'spaces of resistance' and forming new, albeit judgmentally based, ways of living), perhaps eventually becoming the new 'normal' conception of learning disability[152], is not for this thesis to decide. Indeed, it would be foolhardy to suggest that this thesis achieves any more, especially because to do so risks asserting what this 'better' should be (thus entering into the judgmental form of 'better' that I have sought not to do). Indeed, other people (predominantly people with learning disabilities themselves[153]) are best situated to decide what should be accepted as change and renewed and forged into 'spaces of resistance'. Therefore, this thesis presents potentially useful openings (a "permanent possibility of doubt" (Mol, 2007,

[152] Indeed, as I have shown throughout this thesis, the assumption of individual independence for people with learning disabilities, and these people being inherently the same as everyone else, became a particular normalised understanding of learning disabilities. However, as I have also shown (particularly in chapter 2 in reference to its historical and geographical emergence), this normalised understanding is not natural or eternal but a particular, situated contemporary construction.

[153] I recognise that to assert this requires me to make a judgment that people with learning disabilities are 'better' placed to make decisions for themselves, thus, in some way, affirming a discourse of independent individualism. However, I do not claim to be able to remove myself from my own positionality (see chapter 3 for a discussion on this) and therefore feel that this judgment can provocatively stand even though it runs counter to the narrative story of this thesis.

p. 181) that, I have argued throughout, should not be foreclosed or ignored. From these openings the more judgmental forms of argument can then be applied, as long as the potential for these new forms of argument and judgments to, be themselves, destabilised and critiqued is kept open (see in particular: Foucault, 2000a pg 111-119).

I will now show these 'spaces of potential' and post-structuralist 'better' through two examples from the empirical chapters. In chapter 6, I highlighted that the discursive constitution of inclusion, in terms of employment, idealises bringing people with learning disabilities into 'normal' employment and treating them as 'normal' individuals. However, I showed that employing people with learning disabilities was undertaken through the specific materiality of that person's disability (whether using their specific situated knowledge, or having to plan around difficulties such as benefits and transport). There is a 'space of potential' here because aspects of this employment (the specificities due to this person having a learning disability) escape the discursive constitution of inclusion. That is, these people were being employed (or in some cases not being employed) because they have a learning disability, therefore subverting the idea that they should be employed in a mainstream manner. In light of the Remploy closures, and the UK Coalition Government's proposal that the money spent on Remploy should be used to encourage those employed there to enter mainstream employment (Miller, 2012 Column 952), these 'spaces of potential' (where, potentially, we can understand employment through the materiality of an individual's disability[154]) can instigate questioning of whether continuing mainstreaming initiatives is always the best option. Once we do so, however, we enter into a judgemental form of 'better'. This could involve a debate over whether we should prioritise treating and understanding people similarly or prioritise, for example, protecting the different material needs of individuals[155].

There are also 'spaces of potential' being glimpsed within the different advocacy practices. While the discursive constitution of choice idealises the notion of

[154] Recognising of course that to do so carries with it its own dangers not least the worry that individuals become solely categorised due to their disability (a danger that the turn towards normalisation, inclusion and the social model of disability aimed to change).

[155] This debate, however, would not really challenge the full discursive remit of inclusion. To do so, a much more radical debate would be needed asking why employment itself should be a priority for people with learning disabilities (especially given, if we follow the government's argument for closing Remploy, the large amount of subsidy it costs to keep these individuals employed). In other words, are we just employing people with learning disabilities because that is 'normal' or are there other reasons for pursuing this strategy?

completely autonomous, independent choice-making, I showed that the three different advocacy practices that I analysed all, in different ways, produce choice-making situations that are not totally premised on this ideal. Focusing on citizen advocacy, I suggest that there is a 'space of potential' when the citizen advocate enables their partner to make a choice through the befriender-style, inter-personal relationship that they have developed. In these moments the advocate does not attempt to remove themselves to allow independent choice-making, but rather uses themselves and their relationship with their partner to enable a form of choice-making that is particular to their relationship. By recognising these moments of escape and difference from the discursive constitution of choice, these moments can potentially be taken forward, politically, to counter the current movement towards idealising self-advocacy.

The key thrust of this thesis to introduce, in a post-structuralist and anti-transcendental move, scepticism, doubt and the potential for change to occur in contemporary learning disability care (challenging notions such as choice and inclusion, as well as policy strategies that are commonly accepted simply as good) has, on reflection, with limitations discussed above, been achieved. However, thinking about my own knowledge and positionality, I know that it is difficult, if not impossible, to end before engaging in judgmental, ideology based debates. That is, I have my own, thoughts about what should happen within learning disability care. It is difficult to recognise where my own judgments have seeped into this narrative and, alongside the other caveats discussed, this is the reason why I have scaled back these 'spaces of potential', figuring them as just potential openings. In this, however, I speak to the final neglect within this thesis, that is, people with a learning disability themselves. What should be done with any opening, therefore, and what changes should occur, I have left undisclosed (while recognising the difficulty in doing this). Unlike research which begins with 'knowing' what should change, this thesis speaks more powerfully to the potential actions of people with learning disabilities because it does not proffer guidance or another normative category but rather opens this potential for change without any limitations.

4) Implications

I argue that there are three key implications of this research. Firstly, the most direct implication speaks to the implementation of policy. As has been shown, this research is critical of the discursive production of a pre-discursive individual within contemporary learning disability policy (a production that is invoked through idealised assumptions of normality and 'normal' actions). I am not arguing that policy is necessarily wrong because it does not encapsulate the situated complexity of how strategies will play out in practice or because it asserts universalised and idealised constitutions of mentalities. Instead, the implication is that there is a need to recognise that, in the universalistic constitution of mentalities within learning disability policy and the foundation of this policy upon a pre-discursive individual, policy reduces the complexity of the situations that people with a learning disability inhabit to a simplistic system dependent on non-learning disabled experiences and actions. I therefore propose that it is important to enable those interpreting and implementing policy to realise that this policy is performing a reductive and discursive constitution (a constitution which it is impossible for policy not to make given that policy has to have a generalist element). This is important so that society can constructively recognise that the idealisations that policy is currently propagating are being performatively enacted and, due to the material contingency of this enaction, are being brought into a performative tension where occurs does not completely add up or meet these idealisations. This can be done by bringing to the fore, both in current learning disability policy and in future policy changes, the singular effectiveness of the contextual elements through which learning disability support operates. In other words, the implication is that further work needs to be done in attesting to the importance of the actual tensions within the implementation of contemporary learning disability care without asserting that these tensions are problematic.

Secondly, picking up from arguments developed in the previous section, this research presents important empirical implications for potentially bettering the lives of people with a learning disability (and by virtue of this significant others who support people with a learning disability). Crucially this thesis is not completely against the way that contemporary learning disability care is working (either in policy, front line support or the implementation of policy). Although I have been critical of

the way that research into VP has generally been undertaken (because it often begins with the very assumptions and values that VP propagates and aims to verify how far these have been met), I also believe (drawing on my prior experience of learning disability care[156]) that people with a learning disability have benefited in recent years (by having more control over their lives). However, I suggest that people with a learning disability could benefit more if more precedence is given to the various situated ways in which the actions of people with a learning disability are actually being changed through the enabling of these individuals to do certain things (in this case making choices, undertaking mainstream actions and extracting more self-knowledge). This is because doing so gives accreditation to the contingent nature of support provision for people with a learning disability, recognising that this support is inherently tied to the material aspects of having a learning disability and does not ignore the multifaceted performative tensions that are part of care provision.

This is particularly prescient for people with severe learning disabilities because these individuals are furthest from the pre-discursive idealisation based on non-learning disabled lives. The strategies of encouraging normal behaviours and experiences apply much more easily to those who are least disabled because the nature of their disability means there are less difficulties in enabling these individuals to engage in 'normal life'. For example, enabling an individual with mild learning disabilities to engage in day time activities in the community and out of day services is less problematic than that of enabling someone with severe learning disabilities to do the same. Crucially, then, this research shows the importance of attesting to the material and practical day-to-day support provision of those with the most severe learning disabilities. These situational operations should be recognised because otherwise the discursive constitution of mentalities such as choice, for example, can be universally applied to arenas where exactly what can constitutes a 'choice', in practice, is contingent and in excess of this constitution.

Thirdly, I argue that this research has a wider implication conceptually. By arguing that it is the performative tensions between discursive deployments and practical enactments that are crucial, this thesis argues against any smoothing out of this tension. In so doing I am embracing the tension between discourse and practice because, I have argued, it is through this tension that discursive formations (that

[156] I describe this prior experience and its implications for the undertaking of this thesis in chapter 2.

structure what actions can be done) can be apprehended as enmeshed with practical enactments. This focus has enabled me to think beyond and expose the potential for difference within the practical enactment of discursive deployments while attesting to the formative capacity of these discourses in structuring performative events and governing the actions of individuals. This is important in a broader conceptual context because the narrative taken enables a critical apprehension of the discursive structures that govern lives without either over-privileging the strength of these discourses or underplaying their effects in favour of performances that escape these structures. This narrative can be used to think about any prescriptions that govern the lives of each and everyone of us.

5) Relevance to key debates within geography

Alongside these implications, by reflecting back on the narrative undertaken, I argue that this thesis presents a number of discussions and contributions that are relevant to key debates within geography. Firstly, this research is relevant to current debates within health geography. In the introductory chapter I highlighted that health geography has been expanding recently in both subject matter and theoretical concerns. This research contributes by continuing the expansion of the subject matters of health geography which is vitally important because this work has so far largely neglected learning disabilities. This is particularly acute for contemporary (post VP) English learning disability policy and care where significant discursive and practical changes have been largely unmatched by geographical work (barring some notable exceptions (Hall, 2004, 2005)). Recent debates in health geography are concerned with how norms of 'healthy' bodies and the bodily impact of individualisation operate (for example, Longhurst, 1999, 2000). The subject matter of this thesis contributes to these debates because, as I have shown, the actions of people with a learning disability are being changed and styled through assumptions about what 'normal' individuals do and should do. Importantly, this can be broadened to question how any individual in contemporary society is being conceptualised and understood in terms of 'normal' bodily actions. Alongside the relevance of this subject matter, this research also develops theoretical insights that are relevant to health geography. The use of Foucault's considerations of power and governance are an important aspect of recent

health geography. This work develops these by showing how they can be utilised to critically destabilize discursive deployments. However, by reading Foucault's work alongside that of Mol and Deleuze, I show that discursive deployments are being enacted through practical contingencies and, in this contingent performance, a performative tension arises. This narrative has allowed me to show that discursive deployments, which govern our lives, are actualised in a contingent and excessive performance. This is important for health geography because this narrative attests to the importance of bodily actions in resisting and exceeding the rationales that order these actions while also attesting to the formative and productive power of these rationales.

Secondly, this thesis is relevant for post-structuralist geographical debates. The central argument of this diverse array of work is that there is no fixed, pre-determined schema to events that can be uncovered and that things cannot be separated from the world in which they inhabit (Thrift 1999). The relevance of this research is that I develop these arguments and debates into a particular narrative that shows that discourse and practice relate through a performative tension. By showing that attesting to this movement between discourse and practice can critically destabilize discursive deployments (while recognising the formative power of these discourses) through the contingent excessiveness of practical performances this thesis presents a relevant political argument for post-structuralist geography. In other words, I am deploying a politics that opens up the potential for things to be different, as well as realising the various modes through which we are governed. This is relevant to post-structuralist geography because I empirically show the disruption of any assertion of foundational truths (by showing that practical performances are situationally defined and excessive of these truths) while showing that these truths have crucial performative effects. Furthermore, I also argue that this thesis is relevant to post-structuralist geography because there is a lack of engagement, within this body of work, with concepts of differing intelligence and capacity within humans (the preference being debates on the differences, conjunctions and inter-relations of humans and animals or between humans in which the same capacity or intelligence is presumed). The focus on learning disabilities, that this research takes, provokes debate concerning how different states of being can make us re-evaluate broader taken-for-granted assumptions about ourselves and our lives. For example, the

consideration of how people with a learning disability engage in different choice-making situations can enable a reconsideration of previously taken-for-granted assumptions of how non-learning disabled people make choices and, in doing so, open one up to new situations and ways of making choices. In other words, this thesis provokes further discussion of human states and the various codifications, such as choice or understanding, that operate in society to designate specifically human actions.

Thirdly, I argue that this thesis is relevant to general debates (both within geography and wider social science) concerning space and spatial relations. I skirted around the concept of space throughout this thesis critiquing the danger of over-localising both myself and the practices I engage with. While it could be argued that this thesis predominantly focuses upon time rather than space (discussing temporal instances of practical enactments), I would argue that this work understands space in terms of spatial relations[157] rather than as discrete places (as points). The comparisons of the practical enactments of the three mentalities within the empirical chapters do not compare a particular fixed material place against another particular, fixed material place (as I argued in chapter 4 this is because these more individualised practices constantly get performed in different places). Instead, they engage with space as a relational undertaking, in that spaces have to be performed and done. Therefore, citizen advocacy has been apprehended as a spatial relation in that it has specific, contingent, inter-personal relationships between participants and, as such, has a specific spatial performance that differs from crisis advocacy, for example. By not limiting space to discrete places, I am showing that both the discursive deployments that govern and structure lives and the practical enactments that resist and destabilize these discourses are performative achievements that are inherently spatial. Furthermore, I would argue that elucidating the way that this thesis understands spatiality is relevant for wider concerns with space. This is because the particular narrative taken does not limit spatiality to a distinctive trope but instead disperses it, as an action, throughout the relationship between discourse and practice. By so doing I add further conceptual support to those engagements that understand space as a performative relation. Furthermore, as I explained in chapter 4, this type of spatial

[157] See page 28 and the final section of chapter 4 for discussions on this.

attention is particularly important for practices that move, or are not tied to particular places.

6) Future work

This thesis opens a number of different routes for future work. I propose that there are three crucial directions that are the most important for potential future engagements. Firstly, it is important to continue and develop geographical research into learning disabilities. I have shown that geographical work on learning disabilities has been relatively sparse and, barring some notable exceptions, has largely ignored issues around contemporary learning disability care (post-VP). Therefore, the contemporary changes within learning disability care of increasing individualism and personalised support has been neglected in geographic work. It is crucial that future work builds on what has been done within this thesis and changes this neglect. Important topics for further consideration include: how spaces of inhabitation have changed and are currently changing given the movement towards more personalised support and the impetus to enable people with a learning disability to live in 'normal' accommodation; how new forms of benefit provision (such as individual budgets and direct payments) enable certain actions and new spatial relations; and how expectations of involvement in local job and volunteering markets shape how people with a learning disability are understood. Notably this future work, while still using post-structuralist informed theory, could take a more localised approach, to sit alongside the delocalised approach I have taken, by focusing upon spaces where contemporary learning disability care becomes more fixed, stable and localised (such as the space of supported living accommodation).

Secondly, it is important that further work recognises the experiences of those with a learning disability. In this research I have focused upon the experiences of practitioners who work with people with a learning disability. Although this focus does not disengage this work from the material concerns of those with a learning disability (indeed, the specific material needs of having a learning disability are core to all three of the empirical chapters), it does limit the scope of this research because it focuses the debates around interactions between individuals with a learning disability and those who, in various ways, support them. Therefore, what I have

attested to *are specific performative points of interaction*: interactions between an advocate and their partner, interactions between PCP facilitators and the focus individual, interactions between support staff and residents, for example. This does not attend to situations and experiences where these interactions are not apparent; for example, times when an individual is not being supported by anyone, or when an individual is being supported in a less formal manner by a family member or friend. Engaging with the actual experiences of those with a learning disability can enable recognition of these different situations and attest to different performative enactions of mentalities such as choice, inclusion and self-knowledge. Doing so would further provide another critical debate concerning the implementation of contemporary learning disability care and the practical actualisations of current discourse.

Thirdly, this thesis highlights that there is an avenue for future work, within geography and social science, that applies the narrative focus on the relationship between discourse and practice to wider empirical and conceptual concerns. By showing that contemporary learning disability care is implemented through a performative tension between a discursive deployment based on an ideal of normal experiences and behaviours and practical enactments that exceed this idealisation, I have shown that discourse and practice can never be entirely separated and that it is the actual tension (where things do not add up into either a pure non-discursive escapism or a purely discursively defined inaction) that needs to be embraced. However, people with learning disabilities are not the only group being categorised and defined through assumed norms about how individuals should act. Because it is often more obvious that individuals with a learning disability are having their actions changed due to these idealisations (because of specific strategies such as PCP) and more obvious that there are contingent difficulties when idealisations are performatively enacted in practice (due to the nature of having a learning disability), I have shown that there is more clarity in the performative tension between discourse and practice within this context. Because of this, I argue that this thesis opens up space for future work that engages with more insidious and less easy-to-recognise discursive formations, examining how these govern the lives of individuals in singular instances of performative tension.

APPENDIX

1) Information on interviewees

Names appear in order that they appear in thesis.

a) Interviewees from Chapter 4

- Linda, Citizen advocate and citizen advocate trainer (is employed by a company to act as a trainer), 3 years
- Beth, Citizen advocate, 2 years
- Jane, Citizen advocate, 2 years
- Mary, Citizen advocate, 1 year
- Samantha: Crisis advocate and a works within the office of a crisis advocacy organisation, 4 years
- Barbara: Crisis advocate trainee, less than 1 year.
- June, Crisis Advocate and manager of a crisis advocacy organisation, 5 years
- Peggy: Group advocate and organiser of the group advocacy project , 2 years
- Monica: Group advocate, 2 years
- Amy: Group advocate, 2 years

b) Interviewees from Chapter 5

- Jenny, PCP facilitator, 2 years
- Erica: PCP facilitator, undisclosed
- Jill: PCP facilitator and co-ordinator (within a service) of other PCP facilitators, 3 years (as facilitator) less than 1 year as co-ordinator
- Sasha: PCP facilitator, 1 year
- Debbie: co-ordinator of group parliaments, 1 year
- Robin: co-ordinator of group parliaments, 1 year
- Cheryl: project manager, 2 years
- Brenda: manager of a learning disability charity, 4 years
- Kate: project worker for a learning disability charity, less than 1 year
- Sue, project worker for a learning disability charity, less than 1 year
- Fay: manager of a private company that provides training and teaching, 3 years

c) Interviewees from Chapter 6

- Carol: trainer on a person centred approaches training course, 2 years
- Claire: trainer (works on a variety of different training courses), 1 year
- Wayne: trainer in PCP, undisclosed
- Gavin: manager of a company that runs training courses, undisclosed
- Brian, trainer (works on a variety of different training courses), 1 year
- Tim trainer (Tim has a mild learning disability), 1 year
- Joan: trainer (specialises in communication training), 3 years
- Heather, manager of a training company and trainer, 3 years

- James: trainer, undisclosed
- Andy: trainer in person centred tools, 2 years
- Emma: senior support worker in a day service (a service where people with learning disabilities go to during the day for support and activities), 5 years
- Karen, PCP co-ordinator in a supported living service, 2 years
- Deborah: Senior support worker, 1 year
- Ellie: Group Leader (a group leader heads a group of support workers), 2 years
- Toby: PCP facilitator, undisclosed
- Lucy: Support worker, 2 years
- Jeremy: Group Leader, 4 years
- Tina: Support worker, undisclosed
- Laura: Group leader, 1 year

2) Example of confirmation of letter[158]

James Clarke
School of Geographical Sciences
University of Bristol
University Road
Bristol
BS8 1SS

Dear

Thank you for taking the time to be interviewed in order to assist me in my research. I would now be grateful if you could confirm whether or not you are willing to allow your interview to be used in my research and any possible publications of my research (although please note that any reference to your interview will be made anonymous).

I would therefore be grateful if you could please tick the appropriate box on the form attached, and send a signed version of the form to me at the above address using the stamped addressed envelope enclosed.

Please do not hesitate to contact me on 07821572633 if you have any questions.

Yours sincerely

James Clarke

[158] This template was headed on University of Bristol paper.

Dear James,

I confirm that in relation to my interview:

- O I agree to allow my interview and any information obtained in the interview to be used in any further research with the understanding that any use will be kept anonymous

- O I do not agree for my interview and any information from the interview to be used.

Yours sincerely

Sign name: _____

Print name: _____

Date: _____

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